Division of Program Compliance – Audits Branch 11401 S. Bloomfield Avenue, Unit 203, 2nd Floor Norwalk, CA 90650 (562) 406-3929, FAX (562) 406-3951

January 21, 2009

Allan Rawland, Director San Bernardino County 268 West Hospitality Lane, Suite 400 San Bernardino, CA 92415-0926

Dear Mr. Rawland:

AUDIT REPORT - SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of San Bernardino County Department of Behavioral Health for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

NET PROGRAM COSTS

	<u>Settled</u>	Allowed	:	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 30,908,115	\$ 29,072,426	\$	(1,835,689)
Federal Share of Healthy Families/Medi-Cal	\$ 386,367	\$ 376,743	\$	(9,624)
State General Funds EPSDT Due State	\$ 7,818,024	\$ 7,816,991	\$	(1,033)

Allan Rawland, Director San Bernardino County Page Two 1

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

Enclosures

Certified Mail

RAQUEL RIOS, Supervisor Audits - Southern Region

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2004

1

NET REIMBURSABLE MEDI-CAL PROGRAM COSTS		~	As Settled		Audit Adjustments	As Audited
COUNTY PROVIDERS MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PROVIDERS	(Sch. 2a) (Sch. 2a)	\$ \$	23,205,555 292,686 23,498,241		(1,796,063) \$ (7,836) (1,803,899) \$	284,850
CONTRACT PROVIDERS MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - CONTRACT PROVIDERS	(Sch. 3b) (Sch. 3b)	s s	7,702,560 93,681 7,796,241	\$ \$	(39,626) 5 (1,788) (41,414) 5	91,893
TOTAL FFP - COUNTY PLUS CONTRACT PRO MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PLUS CONTRACT P		\$ \$	30,908,115 386,367 31,294,482	_	(1,835,689) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	376,743
SUMMARY OF STATE GENERAL FUNDS						
EPSDT - SGF	(Sch. 4)	* \$	7,818,024	\$_	(1,033) \$	7,816,991

Note: * The As Settled amount includes a refund of \$68,649 to the State subsequent to the initial EPSDT Settlement dated April 28, 2006.

(Refer to adjustment 297.)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

1

COINTY	ODED ATEL	CENEDAL
COUNTY	OPERALEI	FEDERAL

COUNTY OPERATED FEDERAL			As Settled		Audit Adjustments	As Audited
Total Medi-Cal Gross Reimbursement					_	
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	4,920,860	\$	(59,866) \$	4,860,994
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		27,403,480		(98,717)	27,304,763
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		214,864		23,066	237,930
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0	(
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		10,322		3,843	14,165
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		14,848		(0)	14,848
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		381,401		(10,709)	370,692
9. Total		5_	32,945,775	. \$ _	(142,383) \$	32,803,392
ess: Patient & Other Payor Revenues						
0. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	776,864	\$	(80,221) \$	696,643
1. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		337,869		(14,376)	323,493
2. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0	(
3. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0	(
4. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0	•
5. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0	(
6. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0	(
7. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0	(
8. Total		\$	1,114,733	\$_	(94,597) \$	1,020,136
Medi-Cal Net Reimbursement for Direct Services						
9. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	4,143,996	\$	20,355 \$	4,164,351
0. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		27,280,475		(61,275)	27,219,200
1. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0	(
2. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		10,322		3,843	14,165
3. Healthy Families-I/P	(Ln 7 - Ln 16)		14,848		(0)	14,848
4. Healthy Families-O/P	(Ln 8 - Ln 17)		381,401		(10,709)	370,692
5. Total		\$ <u></u>	31,831,042	\$_	(47,786) \$	31,783,256
Iedi-Cal MAA Reimbursement						
6. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	883,798	\$	(499,884) \$	383,914
7. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		1,079,781		(851,256)	228,525
8. Service Functions 21-19	(MH1979, Ln 13, Col. A)		960,433		(601,854)	358,579
9. Total		s —	2,924,012	٠, -	(1,952,994) \$	971,018

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

1

COUNTY OPERATED FEDERAL					Audit		
			As Settled		Adjustments	_	As Audited
Amount Negotiated Rates Exceed Cost				_		_	
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0		0
36. Total		\$_	0	` \$ <u>_</u>	0	\$ <u>_</u>	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	8,298,700	e	(31,121)	e	8,267,579
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$- \$	8,134,054	-	(1,309,886)	_	6,824,168
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$-	8,134,054	-	(1,309,886)	_	6,824,168
on remodiscinen	(Exerci of Eli 57, Eli 50)	"=	0,134,034	= *	(1,303,880)	* =	0,02-1,100
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Lin	nit (MH1979, Ln 8)	\$	54,037	\$	(1,346)	\$	52,691
41. Healthy Families Administration	(MH1979, Ln 9)	\$	77,326	\$_	2,694	\$	80,020
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$ <u>_</u>	54,037	\$ <u>_</u>	(1,346)	\$_	52,691
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	716,842	æ	0	\$	716,842
44. Other Medi-Cal U.R.	,	=		=		=	
44. Other Medi-Car O.R.	(MH1979, Ln 15, Col. D)	\$ =	207,631	· 3=	0	\$ =	207,631
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	16,644,982	\$	(32,995)	\$	16,611,987
46. Enhanced (Children)	(MH1979, Ln 17,17A)		139,662		14,992		154,654
47. Enhanced (Refugees)	(MH1979, Ln 18)		10,322		3,843		14,165
48 MAA	(MH 1979, Ln 11, 12 & 13	3)	1,702,114		(1,126,960)		575,154
49. Administrative Reimbursement	(MH1979, Ln 6)		4,067,027		(654,943)		3,412,084
50. U.R. Skilled Professional	(MH1979, Ln 14)		537,632		0		537,632
51. U.R. Other	(MH1979, Ln 15)		103,816		0		103,816
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0		0
53. Subtotal- FFP		\$	23,205,555	\$_	(1,796,063)	\$_	21,409,492
54 Contract Limitation Adjustment	0.411.1070 1 72)	•	•		•	_	
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$		\$	0
55. Quality Assurance Review Results	(Adj #)	-	0	-	0	-	0
56. Total SD/MC Reimbursement - FFP		\$	23,205,555	\$_	(1,796,063)	\$_	21,409,492
Net Healthy Families Reimbursement - FFP		_		==		=	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	257,562	\$	(6,961)	\$	250,601
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0		0
59. Administrative Reimbursement	(MH1979, Ln 10)		35,124		(875)		34,249
60. Total Healthy Families Reimbursement - FFP	•	\$	292,686	\$_	(7,836)	\$ <u>_</u>	284,850
61 Total EED (In 56 + In CO)		•	00.400.040	_	// nc= n==:	_	
61. Total - FFP (Ln 56 + Ln 60)		\$ ==	23,498,241	^{\$} =	(1,803,899)	\$ =	21,694,342
							(To Sch. 1)

SAN BERNARDINO COUNTY D.B.H. SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL YEAR ENDED JUNE 30, 2004

Legal Entity Number Legal Entity	(1) Medi-Cal and Crossover Gross Cost	(2) Enhanced - Children Gross Cost	f3) Enhanced - Refugees Gross Cost A T } I	(4) Total Gross Cost (Excl. HFP)	(\$) Healthy Families Gross Cost	(6) Medi-Cal and Crossover Gross Cost	(7) Enhanced - Children Gross Cost	(B) Enhanced - Refugees Gross Cost	[9] Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Cost
	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
O0108 Telecare Corporation O0138 Mental Health Systems, Inc. O0156 Easfield Ming Quong, Inc. O0203 Pacific Clinics O0287 Redlands-Yuciapa Guidance C0288 Family Svcs Agency of S.B. O0299 Morongo Basin Mental Health O0290 Bear Valley CHD - FCC O1006 S.B. Co. Superint. of Schools Victor Community Support Svcs. O1130 Valley Star Child. & Fam. Svcs. O11201 Childrens Svcs. O1207 Shandin Hills	\$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	0 \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ \$ \$ \$ \$ \$	0 \$ \$ 0 0 \$ \$ 0 0 \$ \$ 0 0 \$ \$ 0 0 \$ \$ 0 0 \$ \$ 0 0 \$ \$ 0 0 \$ \$ \$ 0 0 \$ \$ \$ 0 0 \$ \$ \$ 0 0 \$ \$ \$ \$ 0 0 \$ \$ \$ 0 0 \$ \$ \$ \$ 0 0 \$ \$ \$ \$ \$ \$ 0 0 \$		551,712 \$ 1,093,018 \$ 1,292,970 \$ 1,240,108 \$ 5,658,618 \$ 6,58,618 \$ 1,562,152 \$ 712,905 \$ 1,482,466 \$ 1,775,547 \$ 914,370 \$ 5,8117 \$ 6,4179 \$ 5,806,483 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	0 \$ 0 \$ 54,984 \$ 30,378 \$ 25,021 \$ 14,470 \$ 9,038 \$ 13,812 \$ 2,105 \$ 6,277 \$ 46 \$ 9,225 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,190,653 \$ 551,712 \$ 1,148,002 \$ 1,283,348 \$ 1,265,129 \$ 865,653 \$ 667,656 \$ 1,575,964 \$ 715,010 \$ 1,488,743 \$ 1,775,593 \$ 923,595 \$ 58,117 \$ 64,179 \$ 806,483 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	0 1,641 0 552 13,136 1,587 21,121 37,051 52,722 893 0 1,750 10,916 0 0 0
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GRAND TOTAL	\$0	\$0	<u> </u>	0 \$	0	\$ 14,214,481 \$	165,356 \$	0 \$	14,379,837 \$	141,369

SAN BERNARDINO COUNTY D.B.H. SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL YEAR ENDED JUNE 30, 2004

			₹11) Total	(12) Healthy	(¶3) Total	(14) Healthy	(15) Total	£18)	(17) Total	(18)	(19) Total
Legal			Revenue	Families	Revenue	Families	Net Cost	Net Cost	Net Cost	Net Cost	MAA
Entity			(Excl. HFP)	Revenue	(Excl. HFP)	Revenue	(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	FFP
Number	Legal Entity		INPA		OUTP	ATEENT		TIENT		ATIENT	Reimbursement
			(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979,
			Ln 28 to 30)	Ln 31)	Ln 28 to 30)	Ln 31)	(,	(,	(5 = 1 - 7)	(- ,	Ln 11-13)
00108	Telecare Corporation	\$	0 :	0 :	78	\$ 0:	s 0 \$	0 \$	1,190,575	6 O S	0
	Mental Health Systems, Inc.	\$	0 ;	0 :	24	\$ 0 :	\$ 0 \$	0 \$	551,688	1,641	0
	Easfield Ming Quong, Inc.	\$	0 :	6 0 :	0	\$ 0 :	\$ 0 \$	0 \$	1,148,002	0 \$	0
	Pacific Clinics	\$	0 :	6 0 :	0	\$ 0 :	\$ 0 \$	0 \$, ,,,,, ,, ,		
	Redlands-Yuciapa Guldance	\$	0 :	0 :		\$ 0 :	\$ 0 \$	0 \$			
	Family Svcs Agency of S.B.	\$	0 :	6 0 :		\$ 0 :	\$ 0 \$	0 \$,, ,		
	West End Family Counseling	\$	0 :	5 0 :			\$ 0 \$	0 \$	651,782		
	Morongo Basin Mental Health	\$	0 :	6 :			\$ 0 \$	0 \$			
	Bear Valley CHD - FCC	\$	0 :	0 :	.0,001		\$ 0 \$	0 \$, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	S.B. Co. Superint of Schools	\$	0 9	0 :		\$ 0:	\$ 0 \$	0 \$			0
	Victor Community Support Svcs.	\$	0 :	0 :	•	\$ 0	\$ 0 \$	0 \$, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0
	Valley Star Child. & Fam. Svcs.	\$	0 :	0 :	0	\$ 0 :	\$ 0 \$	0 \$	923,595		0
	Rolinda Childrens Svcs.	\$	0 :	0 :	0	\$ 0	\$ 0 \$	0 \$	58,117		
	LodgeQuest, Inc.	\$	0	0 1	0	\$ 0:	\$ 0 \$	0 \$			
01207	Shandin Hills		0 :	0		\$ 0:	\$ 0 \$	0 \$,,		
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	GRAND TOTAL	\$	0	50	27,703	\$0	\$ 0 9	5	14,352,134	\$ 141,369	0

SAN BERNARDINO COUNTY D.B.H. SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL YEAR ENDED JUNE 30, 2004

Legal Entity <u>Number</u>	<u>Legal Entity</u>		(26) Neg. Rates Exceed Costs (Excl. HFP) :: 科 字 A (MH 1958, Ln 38 to 39)	(21) Neg. Rates Exceed Costs Healthy Families T. I.E. N. T: (MH 1968, Ln 40, 40A)	(72) Neg. Rates Exceed Costs (Excl. HFP) O U T P (MH 1968, Ln 38 to 39)	Neg. Rates Exceed Costs Healthy Families A.T. E. N.T. (MH 1968, Ln 40, 40A)	-	Total SD/MC Reimbursement (FFP) (MH 1979, Line 21)	Healthy Families Reimbursement (FFP) (MH 1979, Ln. 27)	Total Reimbursement (FFP) (Col. 24 + 25)	(27) FFP Contract Maximum	(28) Lower of FFP or Contract Maximum
00108	Telecare Corporation	s	0 \$. 0 5	. 0 :	. 0	\$	634,194 \$	0 \$	634,194	739,540 \$	634,194
00138	Mental Health Systems, Inc.	Š	0 \$				Š	294,195 \$	1,067 \$			295,262
00156	Easfield Ming Quong, Inc.	\$	0 \$				Š	618,212 \$	0 \$			618,212
00203	Pacific Clinics	\$	0 \$	0 \$	0 \$	0	\$	687,631 \$	359 \$			687,990
00287	Redlands-Yuclapa Guidance	\$	0 \$	0 \$	0 \$	0	\$	677,662 \$	8,539 \$	686,201 \$	852,800 \$	686,201
00288	Family Svcs Agency of S.B.	\$	0 \$	0 \$	0 \$	0	\$	462,650 \$	1,032 \$	463,682 \$	466,938 \$	463,682
00289	West End Family Counseling	\$	0 \$	0 \$	0 \$	0	\$	348,490 \$	13,729 \$	362,219 \$	501,865 \$	362,219
00290	Morongo Basin Mental Health	\$	0 \$	0 \$	0 \$	0	\$	841,238 \$	24,083 \$	865,321 \$	965,557 \$	865,321
00293	Bear Valley CHD - FCC	\$	0 \$	0 \$	0 \$	0	\$	375,524 \$	34,270 \$	409,794 \$	488,134 \$	409,794
01006	S.B. Co. Superint. of Schools	\$	0 \$	0 \$		0 :	\$	792,577 \$	581 \$			793,158
01042	Victor Community Support Svcs.	\$	0 \$	0 \$	0 \$	0	\$	944,689 \$	0 \$	944,689 \$		944,689
01130	Valley Star Child. & Fam. Svcs.	\$	0 \$	0 \$	0 1	0	\$	490,853 \$	0 \$	490,853		490,853
01191	Rolinda Childrens Svcs.	\$	0 \$	0 \$	0 \$	•	\$	30,773 \$	0 \$	30,773		30,773
01200	LodgeQuest, Inc.	\$	0 \$	0 \$	0 1		\$	33,983 \$	1,138 \$			35,121
01207	Shandin Hills	\$	0 \$	0 \$	0 1	•	\$	430,263 \$	7,095 \$			437,358
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	GRAND TOTAL	\$		· · · · · · · · · · · · ·	·		٠.	7,662,934 \$	91,893	7,754,827	\$ 10,455,982 \$	7,754,827

(To Sch. 1)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2004

				As Settled		Audit Adjustments		As Audited
			_	As Seined		Aujustinents	-	113 114 416 41
(1) 5	SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (includi	ing contractors)(Adj. 293)	\$	41,718,733	\$	(130,370)	\$	41,588,363
(2)	Total SD/MC Claims	(Adjustment 294)	\$	47,648,989	\$	(248,999)	\$	47,399,990
(3)	Percent % (Line 1/Line 2)			87.55%		0.19%		87.74%
(4)	EPSDT Claims	(Adjustment 295)	\$	27,727,242	\$	(248,999)	\$	27,478,243
(5)	Actual Cost Settled EPSDT SD/MC							
` '	(Line 3 X Line 4)		\$	24,275,200	\$	(165,790)	\$	24,109,410
`	(Cara to a 2000)		•	_ ,,_ , ,_ , ,		(,,		, ,
(6)	Cost Settled Baseline for EPSDT		\$	6,384,407	\$	0	\$	6,384,407
(7)	Net Cost Settlement Amount							
` ,	(Line 5 - Line 6)		\$	17,890,793	\$	(165,790)	\$	17,725,003
(8)	46.70% of Cost Settlement Amount							
` '	(Line 7 x 46.70%)		\$	8,355,000	\$	(77,424)	\$	8,277,576
	(2.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.		•	0,000,000	•	(-,-,		, ,
(8a)	FY 2001-02 EPSDT Settlement		\$	3,671,730	\$	0	\$	3,671,730
(8b)	Annual Local Growth (L. 8 - 8a)		\$	4,683,270	\$	(77,424)	\$	4,605,846
(9)	County Match 10% of Local Growth (8b x 10%)		\$	468,327	\$	(7,742)	\$	460,585
(10)	Net Cost Settlement Amount (L. 8 - 9)	(Adjustment 296)	\$	7,886,673	\$	(69,682)	\$	7,816,991
(11) S	SGF Distribution (Settled and Audited)	(Adjustment 297)	\$	7,886,673	\$	(68,649)	\$	7,818,024
(12) S	SGF Due County (State)	(Adjustment 298)	s	0	\$	(1,033)	\$ _	(1,033)

Source

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (9) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (10) Amount owed back to the state cannot be more than was advanced or settled.

Provide		IA DDIN			Provider Number	T -	No. of Adj.	T	Fiscal P		
				NTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	 _	298	<u> </u>	June	30, 2	2004
Adj. No.	Report Re Form/ Sch.	terence Line	Cal	EXPLANATION OF AUDIT ADJUSTME	NTS		As Reported		Increase (Decrease)		As Adjusted
NO.	Scn.	Line	Col.	ADJUSTMENTS TO REPORTED COSTS		+-				-	
1	MH 1960	6	С	MEDI-CAL ADJUSTMENTS		\$	0	\$	0	\$	0 *
				To reclassify costs as a result of the recalculation of Medi-Cal Adm Activities (MAA) costs. The County allocated treatment costs to Mo 45, 55 and 60 based on productive hours. Costs for Mode 55 (MAA actual costs and be directly allocated.	des 10, 15,						
				Mode Costs - MAA \$ Administrative Costs Mode Costs - Direct Services \$	(2,683,013) 112,040 2,570,973						
				COST AND FINANCIAL REPORTING SYSTEM (CFRS), INSTRUC CFRS - 24	TION MANUAL,						
2	MH 1960	6	С	MEDI-CAL ADJUSTMENTS	*	• \$	0	\$	(11,155)	\$	(11,155) *
				To eliminate unsupported MAA costs. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS), PUE SECTION 2304	LICATION (PUB) 15,						
3	MH 1960	6	С	MEDI-CAL ADJUSTMENTS	•	* s	(11,155)	\$	0	\$	(11,155) *
				To reflect the effect of the recalculation of MAA costs on Therapeut Services (TBS) in conjunction with adjustment number 1.	ic Behavioral						
				Mode Costs - MAA \$ Mode Costs - Direct Services \$	(66,241) 66,241 0						
l				CMS, PUB. 15, SECTION 2304							
				 Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. 							

Provide		NARDIN	o cour	NTY DEPARTMENT OF BEHAVIORAL HEALTH	Provider Number 00036		No. of Adj. 298		Fiscal P	
Adj.	Report Re	ference	-	EXPLANATION OF AUDIT ADJUSTME	MTC		As Reported		Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTINE					(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COSTS		Ì				
4	MH 1960	6	С	MEDI-CAL ADJUSTMENTS		** \$	(11,155)	s	0	\$ (11,155) *
			ļ	To reflect the effect of the recalculation of MAA costs on CalWORKS with adjustment number 1.	S in conjunction					
				Mode Costs - MAA \$ Mode Costs - Direct Services \$	(194,480) 194,480 0					
]			CMS, PUB. 15, SECTION 2304				ł		
5	MH 1960	6	С	MEDI-CAL ADJUSTMENTS		** \$	(11,155)	\$	31,493	\$ 20,338 *
				To include depreciation expense for prior year audit exceptions mad	e in FY 1993-94.			1		
				CMS, PUB. 15, SECTION 102						
6	MH 1960	6	С	MEDI-CAL ADJUSTMENTS		** \$	20,338	\$	29,007	\$ 49,345 *
))			To include depreciation expense for prior year audit exceptions mad	e in FY 2002-03.					
				CMS, PUB. 15, SECTION 102						
7	MH 1960	6	С	MEDI-CAL ADJUSTMENTS		** \$	49,345	\$	6,222	\$ 55,567 *
				To adjust Fee-For-Service (FFS) and Administrative Service Organi: payments to agree with County's records.	zations (ASO)	}				
				FFS Outpatient Services \$ ASO Outpatient Services \$	5,472 			3		
				CMS, PUB. 15, SECTION 2304						
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.						

Provide		NARDIN	O COUN	NTY DEPARTMENT OF BEHAVIORAL HEALTH	Provider Number 00036	No. of Adj. 298	1	Period Ended ne 30, 2004
	Report Re				1	As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COSTS				
8	MH 1960	6	С	MEDI-CAL ADJUSTMENTS	**	\$ 55,567	\$ 0	\$ 55,567
				To reclassify CC #2262 CalWORKS Rialto from regular outreach to outreach. This cost center was not included with the other CalWOR	CalWORKS KS costs.			
				Mode Costs - Regular Outreach Mode Costs - CalWORKS Outreach \$	(32,608) 32,608 0			
				CMS, PUB. 15, SECTION 2304				h
9	MH 1960	6	c	MEDI-CAL ADJUSTMENTS	**	\$ 55,567	\$ 0	\$ 55,567
				To reclassify SAMHSA Block Grant outpatient costs to avoid duplication county operated clinics.	ate reimbursement			
				Mode Costs - Regular Outpatient \$ Mode Costs - Block Grant Outpatient \$	(1,306,407) 1,306,407 0			
				CMS, PUB. 15, SECTION 2304				
10	MH 1960	6	С	MEDI-CAL ADJUSTMENTS	**	\$ 55,567	\$ (2,065,610)	\$ (2,010,043)
				To adjust reported costs of Arrowhead Regional Medical Center (AF findings per State Department of Health Services' Audit Report date				
				Psych Inpatient Costs Psych Outpatient Costs \$	(1,894,638) (170,972) (2,065,610)			
				CMS, PUB. 15, SECTION 2304				
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

rovider					Provider Number	No. of Adj.		Fiscal Period Ended				
			O COUN	NTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	\downarrow	298	↓_	June	30,	2004	
Adj.	Report Ref	erence Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	NTS		As Reported		Increase (Decrease)		As Adjusted	
140.	5611.	<u> </u>	<u> </u>	ADJUSTMENTS TO REPORTED COSTS		T		+	· · · · · · · · ·			
11	MH 1960	6	С	MEDI-CAL ADJUSTMENTS	**	\$	(2,010,043)	\$	(62,946)	\$	(2,072,989) *	
				To eliminate prior year expenses from CC #2212 Vista Counseling.								
	! !		Ì	CMS, PUB. 15, SECTION 2304								
12	MH 1960	6	С	MEDI-CAL ADJUSTMENTS	**	\$	(2,072,989)	\$	(310,229)	\$	(2,383,218)	
				To eliminate payments for indigent services. Inpatient indigent servi provided under contract and payments should have been reported o Line 3, Less: Payments to Contract Providers.								
				CFRS, INSTRUCTION MANUAL, CFRS - 31								
13 14 15 Info.	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		\$ \$_	8,134,054 77,326 3,804,629 12,016,009	\$	(1,309,886) 2,694 1,160,647 (146,545)	\$ \$ <u>_</u>	6,824,168 80,020 4,965,276 11,869,464	
				To adjust SD/MC, Healthy Families and Non-SD/MC Administrative conjunction with adjustment numbers 1, 5, 6 and 12. The reallocation audited administrative costs was based on unique client count after allocation of administrative costs to Mode 45 and Mode 60 based on costs.	on of the							
				CFRS, INSTRUCTION MANUAL, CFRS - 33								
16	MH1960	17	С	RESEARCH AND EVALUATION		\$	105,176	\$	2,261	\$	107,437	
				To adjust research and evaluation costs in conjunction with adjustment	ent number 1.							
17	MH1960	18	С	MODE COSTS (DIRECT SERVICES AND MAA)		\$	73,185,406	\$	(2,238,934)	\$	70,946,472	
				To adjust mode costs in conjunction with adjustment numbers 1, 2, 3 9, 10 and 11.	3, 4, 5, 7, 8,							
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.								

Provider	vider SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVI		NTV DEPARTMENT OF REUAVIORAL HEALTH	Provider Number 00036	No. of Adj.	1	eriod Ended	
 	Report Re		0 0001	THE ACTIVITY OF BEHAVIORAL REALTH	00036	298	June	30, 2004
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE	<u> </u>			
18 Info 19 20 21 22 23 Info	MH 1964 MH 1964 MH 1964 MH 1964 MH 1964 MH 1964 MH 1964 MH 1964	2 3 4 5 6 7 8 9	1 1 1 1 1 1 1 1 1 1	HOSPITAL INPATIENT SERVICE (MODE 5 - SFC 10-19) OTHER 24 HOUR SERVICES (MODE 05 - All OTHER SFC) DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15) OUTREACH SERVICES (MODE 45) MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55) SUPPORT SERVICES (MODE 60) TOTAL To distribute audited Direct Services cost to Inpatient Services, Day Outpatient Services, Outreach Services, Medi-Cal Administrative Activities (Mode 51) Support Services in conjunction with adjustment numbers 1, 2, 3, 4, 10 and 11.	ctivities and	\$ 19,837,174 0 1,647,186 39,567,578 6,832,066 3,964,645 1,336,757 \$ 73,185,406	\$ (1,894,638) 0 112,450 1,935,337 283,532 (2,694,168) 18,553 (2,238,934)	\$ 17,942,536 0 1,759,636 41,502,915 7,115,598 1,270,477 1,355,310 70,946,472
24 25 26 27 28 29 30 31 32 33 Info	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	3 3 3 3 3 3 3 3 3	BCDEFGH~1K	TBS 15-58 ASO 15-30 ASO 15-60 FFS 15-30 FFS 15-30 FFS 15-60 FFS PSYCHIATRIST 15-32 FFS PSYCHIATRIST 15-62 FFS PSYCHOLOGIST 15-33 FFS LCSW 15-34 FFS MFCC 15-35 TOTAL To adjust Outpatient Program 2 expenditures to agree with County's	s records.	\$ 269,342 266,380 67,965 1,903,250 1,152,496 0 0 0 0 0 0 \$ 3,659,433	\$ 66,241 470 280 (1,903,250) (1,152,496) 363,835 1,156,546 844,047 164,787 532,003 72,463	\$ 335,583 266,850 68,245 0 0 363,835 1,156,546 844,047 164,787 532,003 \$ 3,731,896
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider		NARDIN	O COU	NTY DEPARTMENT OF BEHAVIORAL HEALTH	Provider Number 00036	No. of Adj. 298	1	eriod Ended 0, 2004
	Report Re	ference			·	As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS Reported (Decrease)			Adjusted
				ADJUSTMENTS TO ALLOCATION OF COST TO MODES OF SERVICE	<u>'S</u>			
34 35 Info 36 37 38 39 40 41 42	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	3 3 3 3 3 3 3 3 3	BCD世下GH-JK	TBS 15-58 ASO 15-30 ASO 15-60 FFS 15-30 FFS 15-60 FFS 15-60 FFS PSYCHIATRIST 15-62 FFS PSYCHIATRIST 15-62 FFS PSYCHOLOGIST 15-33 FFS LCSW 15-34 FFS MFCC 15-35 To adjust Outpatient Program 2 cost per unit to agree with County's CMS, PUB. 15, SECTION 2304		\$ 3.62 1.30 4.66 1.01 1.93 0.00 0.00 0.00 0.00 0.00	\$ 0.90 0.05 0.00 (1.01) (1.93) 1.41 1.92 1.12 1.10 1.09	\$ 4.52 1.35 4.66 0.00 0.00 1.41 1.92 1.12 1.10 1.09
				ADJUSTMENTS TO REPORTED UNITS - COUNTY PE	ROVIDERS			
43 44 45 46 47 48 49 50 51 52 53 Info	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	BCDEFGH- フドレ	TOTAL UNITS - MAA 15-03 TOTAL UNITS - MAA 15-06 TOTAL UNITS - MAA 15-09 TOTAL UNITS - MAA 15-13 TOTAL UNITS - MAA 15-16 TOTAL UNITS - MAA 15-16 TOTAL UNITS - MAA 15-19 TOTAL UNITS - MAA 15-23 TOTAL UNITS - MAA 15-23 TOTAL UNITS - MAA 15-26 TOTAL UNITS - MAA 15-29 TOTAL UNITS - MAA 15-34 TOTAL UNITS - MAA 15-34 TOTAL UNITS - MAA 15-39 TOTAL		219,540 165,300 103,578 105,738 30,432 85,206 203,406 492,336 38,274 349,308 362,064 2,155,182	(52,860) (85,440) (17,898) (37,578) (4,872) (27,426) (92,166) (83,556) (5,274) (143,268) (62,784) (613,122)	166,680 * 79,860 * 85,680 68,160 * 25,560 57,780 111,240 * 408,780 * 33,000 * 206,040 * 299,280 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

eport Refe		O COUN	ITY DEPARTMENT OF BEHAVIORAL HEALTH		Provider Number	No. of Adj.	Fiscal Peri	ou Ended
Form/	erence				00036	298	June 30,	2004
		1				As	Increase	As
Sch. Line Col.		Col.	EXPLANATION OF AUDI	T ADJUSTMEN	ITS	Reported	(Decrease)	Adjusted
			ADJUSTMENTS TO REPORTED UNIT	S - COUNTY PROV	IDERS			
ł		. !		MODE OF				
H1966	2	B	TOTAL LINITS - MAA		**	166 690	(507)	166 170
H1966			- · · · - · · · - · · · · · · · · · · ·		**			166,173 78,620
H1966					**			66,173
H1966		1			**		1 ' 1	
H1966	- 1				į.			110,757
H1966		• 1				•		404,240
H1966								32,940
H1966					1			204,545
	^	_	TOTAL BRITS - WAA	15-39		299,280	(12,410)	297,182
			To adjust MAA total units for unsupported units, i adjustment number 2.	n conjunction with			(12,410)	
	Ì			MODE-SE				
H1966	2	c i	TOTAL UNITS - ASO			204 525	(9.120)	195,405
H1966		Ď						13,785
H1966	2	E	TOTAL UNITS - FFS					0
H1966	2	F	TOTAL UNITS - FFS					ő
H1966	2	G	TOTAL UNITS - FFS PSYCHIATRIST			•		385,605
H1966	2	н			}	-		538,425
H1966	2	- 1			}		1 ' 1	828,790
H1966	2	J	TOTAL UNITS - FFS LCSW					160,170
H1966	2	к	TOTAL UNTIS - FFS MFCC	15-35	(0	· · ·	500,445
	ĺ					-	(81,765)	,
İ		ĺ	To adjust ASO and FFS total units to agree with t	the County's Report	MHS 742.			
	j	j	CMS PUB. 15-1 SEC. 2304				1	
	1966 1966 1966 1966 1966 1966 1966 1966	1966 2 1966 2	1966 2 H 1966 2 L 1966 2 E 1966 2 E 1966 2 F 1966 2 H 1966 2 H 1966 2 H 1966 2 J	1966 2 B TOTAL UNITS - MAA 1966 2 E TOTAL UNITS - MAA 1966 2 B TOTAL UNITS - MAA 1966 2 B TOTAL UNITS - MAA 1966 2 H TOTAL UNITS - MAA 1966 2 I TOTAL UNITS - MAA 1966 2 J TOTAL UNITS - MAA 1966 2 K TOTAL UNITS - MAA 1966 2 L TOTAL UNITS - MAA 1966 2 L TOTAL UNITS - MAA 1966 2 C TOTAL UNITS - ASO 1966 2 D TOTAL UNITS - ASO 1966 2 E TOTAL UNITS - FFS 1966 2 F TOTAL UNITS - FFS 1966 2 G TOTAL UNITS - FFS 1966 2 H TOTAL UNITS - FFS PSYCHIATRIST 1966 2 H TOTAL UNITS - FFS PSYCHOLOGIST 1966 2 J TOTAL UNITS - FFS PSYCHOLOGIST 1966 2 K TOTAL UNITS - FFS MFCC 1966 2 K TOTAL UNITS - FFS MFCC 1966 2 K TOTAL UNITS - FFS MFCC 1966 2 TOTAL UNITS - FFS MFCC	1966 2	1966 2	1966 2	1966 2 B

Provide					Provider Number	No. of Adj.	Fiscal Per	iod Ended
	SAN BERN	NARDIN	O COUN	TY DEPARTMENT OF BEHAVIORAL HEALTH	00036	298	June 3	0, 2004
	Report Re	ference				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED UNITS - COUNTY PR	<u>OVIDERS</u>			
71 72 73 74 75	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	2 2 2 2 2	B C D E	TOTAL UNITS - SAN BERNARDINO COUNTY 15-09 TOTAL UNITS - SAN BERNARDINO COUNTY 15-30 TOTAL UNITS - SAN BERNARDINO COUNTY 15-60 TOTAL UNITS - SAN BERNARDINO COUNTY 15-70 TOTAL UNITS - SAN BERNARDINO COUNTY 15-BG To reclassify block grant units to their own cost center, in conjunctio		3,320,123 6,674,453 3,287,095 653,729 0	(163,017) (385,753) (114,593) (8,564) 671,927	3,157,106 6,288,700 3,172,502 645,165 671,927
]	adjustment number 9.			}	
76 77 78 79 80 81 82	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	2 2 2 2 2 2 2 2	CDGHIJK	TOTAL UNITS - ASO 15-30 TOTAL UNITS - ASO 15-60 TOTAL UNITS - FFS PSYCHIATRIST 15-32 TOTAL UNITS - FFS PSYCHIATRIST 15-62 TOTAL UNITS - FFS PSYCHOLOGIST 15-33 TOTAL UNITS - FFS LCSW 15-34 TOTAL UNITS - FFS MFCC 15-35 To adjust ASO and FFS total units to agree with County's records, in with adjustment number 7.	**	195,405 13,785 385,605 538,425 828,790 160,170 500,445	1,985 855 (128,300) 62,415 (75,520) (9,900) (12,045) (160,510)	197,390 14,640 257,305 600,840 753,270 150,270 488,400
83 84	MH1966 MH1966	2 2	B C	TOTAL UNITS - SAN BERNARDINO COUNTY 05-10 TOTAL UNITS - SAN BERNARDINO COUNTY 05-19 To adjust inpatient total units to agree with the County's Report MH: CMS, PUB. 15, SECTION 2304		15,417 2,959	(264) 264 0	15,153 * 3,223
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide		NARDIN	O COUN	ITY DEPARTMENT OF BEHAVIORAL HEALTH	Provider Number 00036	No. of Adj. 298		eriod Ended 30, 2004
A -4:	Report Re	ference		EVOLANATION OF AUDIT AD ILLOT		As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUST	MENIS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED UNITS - COUNTY	PROVIDERS			
85	MH1966	2	В	TOTAL UNITS - SAN BERNARDINO COUNTY 05-16	**	15,153	34	15,187
				To adjust inpatient total units of ARMC to agree with audit finding Department of Health Services' Audit Report dated October 18,				
86 Info. Info. 87 88 89 90 Info. Info. 91 92 Info.	MH 1966 MH 1966	8,8A 8,8A 8,8A 8,8A 8,8A 8,8A 8,8A 8,8A	B C B B C D E B C D E F	MEDI-CAL UNITS - SAN BERNARDINO CO MEDI-CAL UNITS - TBS MEDI-CAL UNITS - ASO MEDI-CAL UNITS - ASO MEDI-CAL UNITS - FFS MEDI-CAL UNITS - FFS TOTAL MEDI-CAL UNITS To adjust reported Medi-Cal units to include Medicare/Medi-Ca Enhanced SD/MC (Children) units, Enhanced SD/MC (Refugee Healthy Families (SED) units per settled cost report. The audit detail workpapers to the County. Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Children) Units Enhanced SD/MC (Refugees) Units Healthy Families (SED) Units	O O O O O O O O O O O O O O O O O O O	4,924 989 4,123 2,267,139 4,097,126 2,236,454 323,622 74,211 204,525 14,475 1,862,580 568,920 11,659,088	459 0 0 58,149 198,188 150,712 11,208 0 0 24,260 2,620 445,596	5,383 * 989 * 4,123 * 2,325,288 * 4,295,314 * 2,387,166 * 334,830 * 74,211 * 204,525 * 14,475 * 1,886,840 * 571,540 * 12,104,684
				 Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. 				

rovide						Provider Number	No. of Adj.	Fiscal Pe	riod Ended
	SAN BERN	NARDIN	O COUN	TY DEPARTMENT OF BEHAVIORAL HEALTH		00036	298	June 3	30, 2004
	Report Re	ference					As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT	ADJUSTMEN	TS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED UNITS	S - COUNTY PRO	VIDERS			
			1		MODE-SF				
93	MH 1966	8,8A	в	MEDI-CAL UNITS - SAN BERNARDINO CO	05-10	**	5,383	(43)	5,340
94	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	05-19	**	989	126	1,115
In fo .	MH 1966	8,8A	В	MEDI-CAL UNITS - SAN BERNARDINO CO	10-85	**	4,123	0	4,123
95	MH 1966	8,8A	в	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,325,288	4,106	2,329,394
96	MH 1966	8,8A	С	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,295,314	24,662	4,319,976
97	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,387,166	2,719	2,389,885
98	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	334,830	2,209	337,039
99	MH 1966	8,8A	В	MEDI-CAL UNITS - TBS	15-58	**	74,211	109	74,320
00	MH 1966	8,8A	C	MEDI-CAL UNITS - ASO	15-30	**	204,525	3,180	207,705
01	MH 1966	8,8A	D	MEDI-CAL UNITS - ASO	15-60	**	14,475	90	14,565
02	MH 1966	8,8A	E	MEDI-CAL UNITS - FFS	15-30	**	1,886,840	(1,886,840)	0
03	MH 1966	8,8A	F	MEDI-CAL UNITS - FFS	15-60	**	571,540	(571,540)	0
04	MH 1966	8,8A	G	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-32		0	394,880	394,880
05	MH 1966	8,8A	H	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-62		0	577,420	577,420
06	MH 1966	8,8A		MEDI-CAL UNITS - FFS PSYCHOLOGIST	15-33		0	837,545	837,545
07	MH 1966	8,8A	J	MEDI-CAL UNITS - FFS LCSW	15-34		0	162,390	162,390
108 nfo.	MH 1966 MH 1966	8,8A 8,8A	К	MEDI-CAL UNITS - FFS MFCC TOTAL MEDI-CAL UNITS	15-35		0 12,104,684	503,640 54,653	503,640 12,159,337
		į		To adjust total Medi-Cal units to agree with total Me Department of Mental Health (DMH) Summary of Agune 30, 2008. The auditor submitted detail workpa	oproved Claims d	ated			
	\]	N N	MODE-SF				
0 9	MH 1966	8,8A	В	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,329,394	(19,823)	2,309,571
10	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,319,976	(55,678)	4,264,298
11	MH 1966	8,8A	D [MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,389,885	(3,369)	2,386,516
12	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	337,039	(1,807)	335,232
13	MH 1966	8,8A	В	MEDI-CAL UNITS - TBS	15-58	**	74,320	<u>(1,794)</u> (82,471)	72,526
				To adjust State DMH Summary of Approved Claims incorporate State DMH Disallowed Claim System (E 2008. The auditor submitted detail workpapers to the submitted detail workpapers the submitted details and th	CS) Report date				
				* Balance carried forward to subsequent adjustment.					
	1			** Balance brought forward from prior adjustment.					

Report Reference	- 1	(22,815) (26,529)	As Adjusted 2,286,756 *
Adj. No. Sch. Line Col. ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS MODE-SF 114 MH 1966 8,8A B MEDI-CAL UNITS - SAN BERNARDINO CO 15-09 *** 2,7 115 MH 1966 8,8A C MEDI-CAL UNITS - SAN BERNARDINO CO 15-30 *** 4,7 116 MH 1966 8,8A D MEDI-CAL UNITS - SAN BERNARDINO CO 15-60 *** 2,7 To adjust State DMH Summary of Approved Claims Report dated June 30, 2008 to incorporate the EPSDT audit findings performed by State DMH Medi-Cal Oversight Branch. The auditor submitted detail workpapers to the County. MODE-SF	309,571 264,298	(22,815) (26,529)	Adjusted 2,286,756 *
No. Sch. Line Col. ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS MODE-SF	309,571 264,298	(22,815) (26,529)	2,286,756 *
ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS MODE-SF	264,298	(26,529)	
MH 1966 8,8A B MEDI-CAL UNITS - SAN BERNARDINO CO 15-09 22, MH 1966 8,8A C MEDI-CAL UNITS - SAN BERNARDINO CO 15-30 24, MH 1966 8,8A D MEDI-CAL UNITS - SAN BERNARDINO CO 15-60 22, To adjust State DMH Summary of Approved Claims Report dated June 30, 2008 to incorporate the EPSDT audit findings performed by State DMH Medi-Cal Oversight Branch. The auditor submitted detail workpapers to the County. MODE-SF MEDI-CAL UNITS - SAN BERNARDINO CO 15-00 22, MEDI-CAL UNITS - SAN BERNARDINO CO 15-00 22, MEDI-CAL UNITS - SAN BERNARDINO CO 15-00 22, MODE-SF	264,298	(26,529)	
114 MH 1966 8,8A B MEDI-CAL UNITS - SAN BERNARDINO CO 15-09 2,115 MH 1966 8,8A C MEDI-CAL UNITS - SAN BERNARDINO CO 15-30 2,116 MH 1966 8,8A D MEDI-CAL UNITS - SAN BERNARDINO CO 15-60 2,116 MEDI-CAL UNITS - SAN BERNARDINO CO 15-60 2,116 MEDI-CAL UNITS - SAN BERNARDINO CO 15-60 2,176 MEDI-CAL UNITS - SAN BERNARDINO CO 15-30 3,176 MEDI-CAL UNITS - SAN BERNARDINO CO 15-30 3,176 MEDI-CAL UNITS - SAN BERNARDINO CO 15-30 3,176 MEDI-CAL UNITS - SAN BERNARDINO CO 15-60 3,176 MEDI-CAL UNITS - SAN BE	264,298	(26,529)	
114 MH 1966 8,8A B MEDI-CAL UNITS - SAN BERNARDINO CO 15-09 2,115 MH 1966 8,8A C MEDI-CAL UNITS - SAN BERNARDINO CO 15-30 2,116 MH 1966 8,8A D MEDI-CAL UNITS - SAN BERNARDINO CO 15-60 2,116 MEDI-CAL UNITS - SAN BERNARDINO CO 15-60 2,116 MEDI-CAL UNITS - SAN BERNARDINO CO 15-60 2,176 MEDI-CAL UNITS - SAN BERNARDINO CO 15-30 3,176 MEDI-CAL UNITS - SAN BERNARDINO CO 15-30 3,176 MEDI-CAL UNITS - SAN BERNARDINO CO 15-30 3,176 MEDI-CAL UNITS - SAN BERNARDINO CO 15-60 3,176 MEDI-CAL UNITS - SAN BE	264,298	(26,529)	
115 MH 1966 8,8A C MEDI-CAL UNITS - SAN BERNARDINO CO 15-30 ** 4, MH 1966 8,8A D MEDI-CAL UNITS - SAN BERNARDINO CO 15-60 ** 2, To adjust State DMH Summary of Approved Claims Report dated June 30, 2008 to incorporate the EPSDT audit findings performed by State DMH Medi-Cal Oversight Branch. The auditor submitted detail workpapers to the County. MODE-SF	264,298	(26,529)	
116 MH 1966 8,8A D MEDI-CAL UNITS - SAN BERNARDINO CO 15-60 ** 2, To adjust State DMH Summary of Approved Claims Report dated June 30, 2008 to incorporate the EPSDT audit findings performed by State DMH Medi-Cal Oversight Branch. The auditor submitted detail workpapers to the County. MODE-SF	,		4,237,769 *
incorporate the EPSDT audit findings performed by State DMH Medi-Cal Oversight Branch. The auditor submitted detail workpapers to the County. MODE-SF	=	(33,181)	2,353,335 *
incorporate the EPSDT audit findings performed by State DMH Medi-Cal Oversight Branch. The auditor submitted detail workpapers to the County. MODE-SF		(82,525)	
Branch. The auditor submitted detail workpapers to the County. MODE-SF	ì		1
MODE-SF	ı	i	
	ĺ	ĺ	ĺ
	[Ì	
	4,123	(255)	3.868 *
1	286,756	(3,312)	2,283,444 *
	237,769	(12,667)	4,225,102 *
400 441,4000 404 5 4,500 4,00	353,335	(4,945)	2,348,390 *
104 111 1000 111 11	335,232	(118)	335,114 *
122 MH 1966 8,8A B MEDI-CAL UNITS - TBS 15-58 **	72,526	(45)	72,481 *
	· _	(21,342)	, , ,
To adjust State DMH Summary of Approved Claims Report dated June 30, 2008 to) —		
incorporate County's CDI/Negative adjustments. The auditor submitted detail work-		1	
papers to the County.	1	1	
MODE-SF	ļ	İ	
	283.444	(1,119)	2,282,325 *
	225,102	(15,978)	4,209,124 *
	335,114	(54)	335,060 *
	_	(17,151)	000,000
To adjust State DMH Summary of Approved Claims Report dated June 30, 2008 to	1 ===		I
incorporate County's adjustment for Staff #2586. The auditor submitted detail work-			
papers to the County.		ł	
1 1 1 1	}	ļ	
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	1	İ	
		j	
* Palance carried forward to subsequent adjustment			
* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	1		

Provide		NARDIN	o cou	NTY DEPARTMENT OF BEHAVIORAL HEALTH		Provider Number 00036	No. of Adj. 298		eriod Ended 30, 2004
	Report Ref	erence					As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT AD	JUSTMEI	NTS	Reported	(Decrease)	As Adjusted
No.	Sch.	Line	Col.					, ,	
				ADJUSTMENTS TO REPORTED UNITS - (OUNTY PR	OVIDERS			
126	MH 1966	8.8A	В	MEDI CAL LINITE CAN DEDNADDING CO	MODE-SF	**	5.040	(54)	5 000 1
127	MH 1966		С	MEDI-CAL UNITS - SAN BERNARDING CO	05-10	**	5,340	(51)	5,289 *
128	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	05-19	**	1,115	(32)	1,083 *
		8,8A		MEDI-CAL UNITS - SAN BERNARDINO CO	15-09		2,282,325	(652)	2,281,673 *
129	MH 1966	8,8A	С	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,209,124	(841)	4,208,283 *
130	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,348,390	(90)	2,348,300 *
131	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	335,060	(22)	335,038 *
132	MH 1966	8,8A	G	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-32	**	394,880	(60)	394,820 *
133	MH 1966	8,8A	Н	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-62	**	577,420	(60) (1,808)	577,360 *
				To adjust State DMH Summary of Approved Claims Re	port dated Ju	ine 30, 2008 to		(1,555)	
				incorporate County's utilization review disallowances. workpapers to the County.	orporate County's utilization review disallowances. The auditor submitted detail rkpapers to the County.				
					MODE-SF				
134	MH 1966	8,8A	В	MEDI-CAL UNITS - SAN BERNARDINO CO	05-10	**	5,289	51	5,340 *
135	MH 1966	8,8A	С	MEDI-CAL UNITS - SAN BERNARDINO CO	05-19	**	1,083	32	1,115 *
136	MH 1966	8,8A	В	MEDI-CAL UNITS - SAN BERNARDINO CO	10-85	**	3.868	255	4,123 *
137	MH 1966	8,8A	В	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,281,673	49,204	2,330,877 *
138	MH 1966	8,8A	С	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,208,283	113,358	4,321,641 *
139	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,348,300	41,706	2,390,006 *
140	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	335,038	2,001	337,039 *
141	MH 1966	8,8A	В	MEDI-CAL UNITS - TBS	15-78	**	72,481	1,839	74,320 *
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - ASO	15-30	**	•	1,639	207,705 *
Info.	MH 1966	8,8A	D	MEDI-CAL UNITS - ASO	15-60	**	207,705	0	14,565 *
142	MH 1966	8,8A	G	MEDI-CAL UNITS - ASO MEDI-CAL UNITS - FFS PSYCHIATRIST	15-80	**	14,565	•	
143	MH 1966		H		-	**	394,820	60	394,880 *
144	MH 1966	8,8A	🕝	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-62	**	577,360	60	577,420 *
Info.	MH 1966	8,8A	j	MEDI-CAL UNITS - FFS PSYCHOLOGIST	15-33	**	837,545	60	837,605 *
		8,8A		MEDI-CAL UNITS - FFS LCSW	15-34	**	162,390	0	162,390 *
Info. Info.	MH 1966 MH 1966	8,8A 8,8A	К	MEDI-CAL UNITS - FFS MFCC TOTAL MEDI-CAL UNITS	15-35	**	503,640 11,954,040	208,626	503,640 * 12,162,666
				To adjust State DMH Summary of Approved Claims Re	nor dated l	no 20, 2008	-		
				(after incorporating adjustment numbers 109 through 1					
				records (prior to adjustment numbers 145 through 169)		with County's			
				* Balance carried forward to subsequent adjustment.					
				** Balance brought forward from prior adjustment.					

Provide	-	JARDIN		NTY DEPARTMENT OF BEHAVIORAL HEALTH	Provider Number 00036	No. of Adj.		riod Ended
	Report Ref		0 0001	THE PARTMENT OF BEHAVIORAL REALTR	00036	298	June 3	30, 2004
Adj.	Form/	- Ici ci ice		EXPLANATION OF AUDIT ADJUS	STMENTS	As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.		DIMENIO	Reported	(Decrease)	Adjusted
		:		ADJUSTMENTS TO REPORTED UNITS - COUNTY	ITY PROVIDERS			
	}							
145	MH 1966				DE-SF			
146	MH 1966	8,8A 8,8A	B C		5-09 ** 5-30 **	2,330,877	(19,823)	2,311,054 *
147	MH 1966	8.8A	D		-50	4,321,641	(55,678)	4,265,963 *
148	MH 1966	8.8A	E		7-00	2,390,006	(3,369)	2,386,637 *
149	MH 1966	8.8A	В		5-70 ** 5-58 **	337,039	(1,807)	335,232 *
	1111111000	0,0/4		MEDI-OAL ONTO - TBS	5-36	74,320	<u>(1,794)</u> (82,471)	72,526 *
	Į į			To adjust County's records to incorporate State DMH Disallo	wed Claim System		(02,471)	
	1			(DCS) Report dated June 30, 2008. The auditor submitted of				
				the County.	, , , , , , , , , , , , , , , , , , ,		[
				MC	DE-SF)	
150	MH 1966	8,8A	В	MEDI-CAL UNITS - SAN BERNARDINO CO 15	5-09 **	2,311,054	(22,815)	2,288,239 *
151	MH 1966	8,8A	_ C]		5-30 **	4,265,963	(26,529)	4,239,434 *
152	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO 15	5-60 **	2,386,637	(33,181)	2,353,456 *
				To adjust County's records to incorporate the EPSDT audit f State DMH Medi-Cal Oversight Branch. The auditor submitt to the County.			(82,525)	
				MC	DE-SF			
153	MH 1966	8.8A	В	-)-85 **	4,123	(255)	3.868 *
154	MH 1966	8,8A	в		5-09 **	2,288,239	(3,312)	2,284,927 *
155	MH 1966	8,8A	c l	MEDI-CAL UNITS - SAN BERNARDINO CO 15	5-30 **	4,239,434	(12,667)	4,226,767 *
156	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO 15	5-60 **	2,353,456	(4,945)	2,348,511 *
157	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO 15	5-70 **	335,232	(118)	335,114 *
158	MH 1966	8,8A	В	MEDI-CAL UNITS - TBS 15	5-58 **	72,526	(45)	72,481 *
				To adjust County's records to incorporate County's CDI/Neg The auditor submitted detail workpapers to the County.	ative adjustments.		(21,342)	
1				The section country.				
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide		NARDIN	O COUN	TY DEPARTMENT OF BEHAVIORAL HEALTH		Provider Number 00036	No. of Adj. 298		riod Ended 30, 2004
	Report Re				 -				
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT	ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO REPORTED UNITS	- COUNTY PR	OVIDERS			
					MODE-SF			[
159	MH 1966	8,8A	в	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,284,927	(1,119)	2,283,808 *
160	MH 1966	8,8A	c	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,226,767	(15,978)	4,210,789 *
16 1	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	335,114	(17,151)	335,060 *
				To adjust County's records to incorporate County's a auditor submitted detail workpapers to the County.	adjustment for S	taff #2586. The		(17,131)	
			!		MODE-SF			1	
162	MH 1966	8.8A	в	MEDI-CAL UNITS - SAN BERNARDINO CO	05-10	**	5,340	(51)	5,289 *
163	MH 1966	8,8A	c	MEDI-CAL UNITS - SAN BERNARDINO CO	05-19	**	1,115	(32)	1,083 *
164	MH 1966	8.8A	В	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,283,808	(652)	2,283,156 *
165	MH 1966	8.8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,210,789	(841)	4,209,948 *
166	MH 1966	8.8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,348,511	(90)	2,348,421 *
167	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	335,060	(22)	335,038 *
168	MH 1966	8.8A	ΓĒΙ	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-32	**	394,880	(60)	394,820 *
169	MH 1966	8,8A	н	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-62	**	577,420	(60)	577,360 *
				To adjust County's records to incorporate County's until The auditor submitted detail workpapers to the Court	utilization review nty.	disallowances.		(1,808)	
	}							,	
	}								1
								(
l									
				* Balance carried forward to subsequent adjustment.					
				** Balance brought forward from prior adjustment.			l <u></u>		

Provide		IVDUN	0.0011	ITY DEPARTMENT OF BEHAVIORAL HEALTH		Provider Number	No. of Adj.		riod Ended	
				TIT DEPARTMENT OF BEHAVIORAL HEALTH		00036	298	June	30, 2004	
	Report Re	terence					As	Increase	As	
Adj.	Form/			EXPLANATION OF AUDIT AD	JUSTME	NTS	Reported	(Decrease)	Adjusted	
No.	Sch.	Line	Col.							
	,			ADJUSTMENTS TO REPORTED UNITS -	COUNTY PR	OVIDERS				
	i 1				-					
			_		MODE-SF					
Info.	MH 1966	8,8A	В	MEDI-CAL UNITS - SAN BERNARDINO CO	05-10	**	5,289	0	5,289 *	
Info.	MH 1966	A8,8	C	MEDI-CAL UNITS - SAN BERNARDINO CO	05-19	**	1,083	0	1,083 *	
Info.	MH 1966	8,8A	В	MEDI-CAL UNITS - SAN BERNARDINO CO	10-85	**	3,868	0	3,868 *	
170	MH 1966	8,8A	В	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,283,156	(1,493)	2,281,663 *	
171	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,209,948	(2,003)	4,207,945 *	
172	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,348,421	(186)	2,348,235 *	
In fo .	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	335,038	l o l	335,038 *	
Info.	MH 1966	8,8A	В	MEDI-CAL UNITS - TBS	15-58	**	72,481	0 1	72,481 *	
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - ASO	15-30	**	207,705	0	207,705 *	
info.	MH 1966	8,8A	D	MEDI-CAL UNITS - ASO	15-60	** [14,565	l o \	14,565 *	
Info.	MH 1966	8,8A	G	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-32	**	394,820	0 1	394,820	
nfo.	MH 1966	8,8A	Н	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-62	**	577,360	l ol	577,360	
173	MH 1966	8,8A		MEDI-CAL UNITS - FFS PSYCHOLOGIST	15-33	**)	837,605	(60)	837,545 *	
Info.	MH 1966	8,8A	J Į	MEDI-CAL UNITS - FFS LCSW	15-34	**	162,390	l (°)	162,390 *	
I nf o.	MH 1966	A8,8	K	MEDI-CAL UNITS - FFS MFCC	15-35	**	503,640	ا ه ا	503,640 *	
info.	MH 1966	8,8A		TOTAL MEDI-CAL UNITS			11,957,369	(3,742)	11,953,627	
				To adjust the County's records to incorporate the contrapproved units (after incorporating adjustment number County's records (after incorporating adjustment numb by service function code.	s 109 through	n 133) or				
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.						

ovider		NARDIN	O COUN	ITY DEPARTMENT OF BEHAVIORAL HEALTH		Provider Number 00036	No. of Adj. 298		riod Ended 30, 2004
	Report Ref			DELITITION DELITITION OF THE PROPERTY.		00000		Julie 3	50, 2004
Adj.	Form/			EVEL ANATION OF AUDIT A	D IIIOTHE		As	Increase	As
No.	Sch.	Line	Col.	EXPLANATION OF AUDIT A	(D)US I ME	NIS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED UNITS	- COUNTY PR	OVIDERS			
					MODE-SF				
nfo.	MH 1966	8,8A	В	MEDI-CAL UNITS - SAN BERNARDINO CO	05-10	**	5,289	l o l	5,289
nfo.	MH 1966	8,8A	С	MEDI-CAL UNITS - SAN BERNARDINO CO	05-19	**	1,083	ا ه ا	1,083
ifo.	MH 1966	8,8A	В	MEDI-CAL UNITS - SAN BERNARDINO CO	10-85	**	3,868	ا ه ا	3,868
74	MH 1966	8,8A	В	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,281,663	(25,717)	2,255,946
'5	MH 1966	8,8A	c	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,207,945	(41,756)	4,166,189
6	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,348,235	(2,689)	2,345,546
7	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	335,038	(646)	334,392
o.	MH 1966	8,8A	В	MEDI-CAL UNITS - TBS	15-58	**	72,481	(0,0)	72,481
8	MH 1966	8,8A	С	MEDI-CAL UNITS - ASO	15-30	**	207,705	(10,315)	197,390
o.	MH 1966	8,8A	D	MEDI-CAL UNITS - ASO	15-60	**	14,565	(10,010)	14,565
9	MH 1966	8,8A	G	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-32	**	394,820	(137,515)	257,305
o.	MH 1966	8,8A	н	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-62	**	577,360	(101,010)	577,360
)	MH 1966	8,8A	1 1	MEDI-CAL UNITS - FFS PSYCHOLOGIST	15-33	**	837,545	(84,275)	753,270
1	MH 1966	8,8A	J	MEDI-CAL UNITS - FFS LCSW	15-34	**	162,390	(12,120)	150,270
2	MH 1966	8,8A	κl	MEDI-CAL UNITS - FFS MFCC	15-35	**	503,640	(15,240)	488,400
o.	MH 1966	8,8A		TOTAL MEDI-CAL UNITS			11,953,627	(330,273)	11,623,354
				To reduce total Medi-Cal units for county operated pr total units by service function. Medi-Cal units can no					
						j			
1									
				 * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. 					

Provide		NARDIN	O COUN	ITY DEPARTMENT OF BEHAVIORAL HEALTH		Provider Number 00036	No. of Adj. 298	1	riod Ended 30, 2004
	Report Ret			TO DELIVERY OF BELLVIOLDE HEALTH					
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTMENTS			As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.	EXPLANATION OF AUDIT A	DJO9 I ME	N19	Reported	(Declease)	Adjusted
									
				ADJUSTMENTS TO REPORTED UNITS	COUNTY PR	OVIDERS			
183	MH 1966	0 0 4	_B	MEDI CAL LINUTO CANI DEDNIADDINO CO	MODE-SF	**	5 000	(450)	4 004
Info.	MH 1966	8,8A 8,8	B C	MEDI-CAL UNITS - SAN BERNARDINO CO	05-10	**	5,289	(458)	4,831
Info.	MH 1966	8,8A	В	MEDI-CAL UNITS - SAN BERNARDINO CO	05-19	**	1,083	0	1,083
184	MH 1966	8,8A	В	MEDI-CAL UNITS - SAN BERNARDING CO	10-85	**	3,868	0 (55.040)	3,868
185	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDING CO	15-09 45-20	**	2,255,946	(55,312)	2,200,634
186	MH 1966			MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,166,189	(193,989)	3,972,200
187	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60 45-70	**	2,345,546	(167,794)	2,177,752
	MH 1966	8,8A		MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	334,392	(13,227)	321,165
Info. Info.	MH 1966	8,8A	В	MEDI-CAL UNITS - TBS	15-58	**	72,481	0	72,481
info.	MH 1966	8,8A	CD	MEDI-CAL UNITS - ASO	15-30	**	197,390	0	197,390
188		8,8A		MEDI-CAL UNITS - ASO	15-60	**	14,565	0	14,565
189	MH 1966 MH 1966	8,8A	G	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-32	**	257,305	(2,015)	255,290
		8,8A	H	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-62	**	577,360	(2,620)	574,740
190	MH 1966	8,8A	¦	MEDI-CAL UNITS - FFS PSYCHOLOGIST	15-33	**	753,270	(1,935)	751,335
191	MH 1966	8,8A	J	MEDI-CAL UNITS - FFS LCSW	15-34		150,270	(4,920)	145,350
192 Info.	MH 1966 MH 1966	8,8A 8,8A	K	MEDI-CAL UNITS - FFS MFCC TOTAL MEDI-CAL UNITS	15-35	**	488,400	(15,900)	472,500
iiio.	101111900	0,04		TOTAL MEDI-CAL UNITS			11,623,354	(458,170)	11,165,184
				To reduce total Medi-Cal units for county operated prunits, audited Enhanced SD/MC (Children) units, audited and audited Healthy Families (SED) units per State Disport dated June 30, 2008. The auditor submitted of Medicare/Medi-Cal Crossover Units	ited Enhanced MH Summary	SD/MC (Refugees) units of Net Approved Claims ers to the County. (164,479)			
				- Enhanced SD/MC (Children) Units		(122,884)			
]				- Enhanced SD/MC (Refugees) Units		(6,974)			
				- Healthy Families (SED) Units		(163,833) (458,170)			
						(400,170)			
									il
				* Balance carried forward to subsequent adjustment.		,			
\	1			** Balance brought forward from prior adjustment.					

Provide		VARDIN		ITY DEPARTMENT OF BEHAVIORAL HEALTH	Provider Number	No. of Adj.		riod Ended
				DEFARTMENT OF BEHAVIORAL HEALTH	00036	298	June	30, 2004
Adj.	Report Re	rerence		EXPLANATION OF AUDIT ADJUSTME	ENTS	As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.					
]			ADJUSTMENTS TO REPORTED UNITS - CONTRACT F	PROVIDERS			
193 194 195 196 197 198 199 200 201 202 Info. 203 Info. 204 205 Info.	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	8,8A 8,8A 8,8A 8,8A 8,8A 8,8A 8,8A 8,8A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION MEDI-CAL UNITS - ENTITY #00138 MENTAL HEALTH SYSTEMS MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, I MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUID/ MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNSI MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEAL MEDI-CAL UNITS - ENTITY #01006 S.B. COUNTY SUPERINTENI MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPP MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDREN & MEDI-CAL UNITS - ENTITY #01191 ROLINDA CHILDRENS SERV MEDI-CAL UNITS - ENTITY #01200 LODGEQUEST, INC. MEDI-CAL UNITS - ENTITY #01207 SHANDIN HILLS TOTAL MEDI-CAL UNITS To adjust reported Medi-Cal units to include Medicare/Medi-Cal Crenhanced SD/MC (Children) units and Healthy Families (SED) unit cost reports. The auditor submitted deatail workpapers to the Cour - Medicare/Medi-Cal Crossover Units - Enhanced SD/MC (Children) Units - Enhanced SD/MC (Children) Units	S, INC. NC. ANCE CLINIC OF S.B. ELING SVCS. HEALTH SVCS. THCARE DISTRICT DENT OF SCHOOLS ORT SVCS, INC. FAMILY SVCS. //ICES	564,480 172,345 500,038 573,581 529,630 450,990 269,490 1,013,404 288,410 674,199 920,384 382,790 24,470 34,138 4,950 6,403,299	55 701 24,343 13,924 16,093 8,732 14,015 35,592 22,406 3,231 0 3,781 0 975 73 143,921	564,535 * 173,046 * 524,381 * 587,505 * 545,723 * 459,722 * 283,505 * 1,048,996 * 310,816 * 677,430 * 920,384 * 386,571 * 24,470 * 35,113 * 5,023 * 6,547,220
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider					Provider Number		No. of Adj.	Fiscal Per	iod Ended
	SAN BERN	NARDIN	O COUN	NTY DEPARTMENT OF BEHAVIORAL HEALTH	00036		298	June 3	0, 2004
	Report Re	ference				i	As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTME	NTS	- }	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.						
				AD HIGHMENTO TO DEPORTED HAUTO CONTRACT D	DOMDEDO				
				ADJUSTMENTS TO REPORTED UNITS - CONTRACT P	KOVIDEKS				
206	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION		**	564,535	(2,914)	561,621 *
info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00138 MENTAL HEALTH SYSTEMS,	INC.	**	173,046	0	173,046 *
207	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, IN	NC.	**	524,381	14,367	538,748 *
208	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS		**	587,505	2,222	589,727 *
209	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDA	NCE CLINIC	**	545,723	650	546,373 *
210	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY	OF S.B.	**	459,722	570	460,292 *
211	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNSE	LING SVCS.	**	283,505	258	283,763 *
212	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL I	HEALTH SVCS.	**	1,048,996	(372)	1,048,624 *
213	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEAL		**	310,816	(12,386)	298,430 *
214	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01006 S.B. COUNTY SUPERINTEND		**	677,430	(1,694)	675,736 *
215	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPPO	ORT SVCS, INC.	**	920,384	692	921,076 *
216	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDREN & I		**	386,571	15,164	401,735 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01191 ROLINDA CHILDRENS SERV	ICES	**	24,470	0	24,470 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01200 LODGEQUEST, INC.		**	35,113	0	35,113 *
217	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01207 SHANDIN HILLS		**	5,023	(6)	5,017 *
I n fo.				TOTAL MEDI-CAL UNITS		- 1	6,547,220	16,551	6,563,771
				To adjust total Medi-Cal units to agree with total Medi-Cal units per	State Department				1
				of Mental Health (DMH) Summary of Approved Claims Report date					
	,			The auditor submitted detail workpapers to the County.		ļ			
						**		(505)	545 770 1
218	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDA	ANCE CLINIC		546,373	(595)	545,778 *
				To adjust State DMH Summary of Approved Claims Report dated J	une 30, 2008 to				
	l			incorporate State DMH Disallowed Claim System (DCS) Report date					
				2008. The auditor submitted detail workpapers to the County.		1			
				2000. The addition odd mineral and a state of the area					
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				* Polonge coming forward to subsequent adjustment					
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.					
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Provide		NARDIN		NTY DEPARTMENT OF BEHAVIORAL HEALTH	Provider Number 00036	No. of Adj. 298		eriod Ended
	Report Ref			W. BEITHWINE TO BEITHVIOLATE TEACHT	00030	290	June	30, 2004
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED UNITS - CONTRACT P	ROVIDERS			
219	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION		** 561,621	(1,121)	560,500 *
220	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, II	NC.	** 538,748	(18,764)	519,984 *
221	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS		** 589,727	(935)	588,792 *
222	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDA	ANCE CLINIC	** 545,778	(3,100)	542,678 *
223	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY	OF S.B.	** 460,292	(101)	460,191 *
224	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNSE	ELING SVCS.	** 283,763	(290)	283,473 *
225	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL I	HEALTH SVCS.	** 1,048,624	(65)	1,048,559 *
226	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEAL	THCARE DISTRICT	** 298,430	(119)	298,311 *
227	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPPO	ORT SVCS, INC.	** 921,076	(692)	920,384 *
228	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDRENS &		** 401,735	<u>(14,354)</u> (39,541)	387,381 *
				To adjust State DMH Summary of Approved Claims Report dated J incorporate County's CDI/Negative adjustments. The auditor submpapers to the County.	une 30, 2008 to itted detail work-			
229	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, II	NC.	** 519,984	(11,357)	508,627 *
230	MH 1966	8,8 A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY	OF S.B.	** 460,191	(568)	459,623 *
231	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL	HEALTH SVCS.	** 1,048,559	(1,343)	1,047,216 *
232	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEAL	THCARE DISTRICT	** 298,311	(910)	297,401 *
233	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01006 S.B. COUNTY SUPERINTEND		** 675,736	(1,306)	674,430 *
234	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDREN &		** 387,381	(1,215) (16,699)	386,166 *
				To adjust State DMH Summary of Approved Claims Report dated J incorporate County's utilization review disallowances. The auditor sworkpapers to the County.	une 30, 2008 to submitted detail			
1								
				* Balance carried forward to subsequent adjustment.				
	<u></u> _		<u></u>	** Balance brought forward from prior adjustment.				<u> </u>

Provide		VARDIN		ITY DEPARTMENT OF BEHAVIORAL HEALTH	Provider Number	r	No. of Adj. 298	1	riod Ended
	Report Re		1	THE PROPERTY OF BEHAVIORAL HEALTH	1 00036	-	298	June 3	30, 2004
Adj.	Form/	10101100		EXPLANATION OF AUDIT ADJUSTME	NTO		As	Increase	As Adicated
No.	Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	N 19		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED UNITS - CONTRACT F	PROVIDERS				
2 3 5	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION		**	560,500	1,121	561,621 *
info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00138 MENTAL HEALTH SYSTEMS	, INC.	**	173,046	0	173,046 *
236	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, I	NC.	**	508,627	30,121	538,748 *
237	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS		**	588,792	574	589,366 *
238	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDA	ANCE CLINIC	**	542,678	3,820	546,498 *
2 3 9	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY	OF S.B.	**	459,623	669	460,292 *
240	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNS	ELING SVCS.	**	283,473	322	283,795 *
241	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL		**	1,047,216	3,035	1,050,251 *
242	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEAL	THCARE DISTRICT	**	297,401	2,076	299,477 *
243	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01006 S.B. COUNTY SUPERINTENI		**	674,430	1,306	675,736 *
244	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPP		**	920,384	692	921,076 *
245	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDREN &		**	386,166	15,569	401,735 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01191 ROLINDA CHILDRENS SERV	'ICES	**	24,470	0	24,470 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01200 LODGEQUEST, INC.		**	35,113	0	35,113 *
246	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01207 SHANDIN HILLS		**	5,017	6	5,023 *
Info.				TOTAL MEDI-CAL UNITS			6,506,936	59,311	6,566,247
				To adjust State DMH Summary of Approved Claims Report dated J	une 30, 2008				
				(after incorporating adjustment numbers 218 through 234) to agree	with County's				
				records (prior to adjustment numbers 247 through 263).					
247	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDA	ANCE CLINIC	**	546,498	(595)	545,903 *
				To adjust County's records to incorporate State DMH Disallowed C	aims System				
				(DCS) Report dated June 30, 2008. The auditor submitted detail w	orkpapers to				
				the County.					
								[
				* Balance carried forward to subsequent adjustment.					
				** Balance brought forward from prior adjustment.				<u> </u>	

Provide	r		-		Provider Number	No. of Adj.	Fiscal Per	iod Ended
	SAN BERN	NARDIN	IO COUN	TY DEPARTMENT OF BEHAVIORAL HEALTH	00036	298	June 3	0, 2004
	Report Ref	ference]				Increase	As
Adj. <u>N</u> o.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	ENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED UNITS - CONTRACT	PROVIDERS			
248 249 250 251 252 253 254 255 256 257	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	8,8A 8,8A 8,8A 8,8A 8,8A 8,8A 8,8A 8,8A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUID MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNS MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEAI MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPP MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDREN & To adjust County's records to incorporate County's CDI/Negative a The auditor submitted detail workpapers to the County.	ANCE CLINIC Y OF S.B. ELING SVCS. HEALTH SVCS. THCARE DISTRICT ORT SVCS, INC. FAMILY SVCS. **	561,621 538,748 589,366 545,903 460,292 283,795 1,050,251 299,477 921,076 401,735	(1,121) (18,764) (935) (3,100) (101) (290) (65) (119) (692) (14,354) (39,541)	560,500 * 519,984 * 588,431 * 542,803 * 460,191 * 283,505 * 1,050,186 * 299,358 * 920,384 * 387,381 *
258 259 260 261 262 263	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	8,8A 8,8A 8,8A 8,8A 8,8A	TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEAI MEDI-CAL UNITS - ENTITY #01006 S.B. COUNTY SUPERINTEN MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDREN & To adjust County's records to incorporate County's utilization revie The auditor submitted detail workpapers to the County.	OF S.B. HEALTH SVCS. THCARE DISTRICT DENT OF SCHOOLS FAMILY SVCS. **	519,984 460,191 1,050,186 299,358 675,736 387,381	(11,357) (568) (1,343) (910) (1,306) (1,215) (16,699)	508,627 * 459,623 * 1,048,843 * 298,448 * 674,430 * 386,166 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide		NARDIN	IO COUN	TY DEPARTMENT OF BEHAVIORAL HEALTH	Provider Number 00036	No. of Adj. 298	i	riod Ended 30, 2004
	Report Re	ference				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED UNITS - CONTRACT P	ROVIDERS	-		
Info. Info. Info. Info. 265 266 267 Info. Info. Info.	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	8,8A 8,8A 8,8A 8,8A 8,8A 8,8A 8,8A 8,8A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION MEDI-CAL UNITS - ENTITY #00138 MENTAL HEALTH SYSTEMS, MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS MEDI-CAL UNITS - ENTITY #002087 REDLANDS-YUCAIPA GUIDA MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNSE MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL FMEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEALT MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEALT MEDI-CAL UNITS - ENTITY #01006 S.B. COUNTY SUPPERINTEND MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPPER MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDREN & MEDI-CAL UNITS - ENTITY #01191 ROLINDA CHILDRENS SERV MEDI-CAL UNITS - ENTITY #01200 LODGEQUEST, INC. MEDI-CAL UNITS - ENTITY #01207 SHANDIN HILLS TOTAL MEDI-CAL UNITS To adjust the County's records to incorporate the controls of the low approved units (after incorporating adjustment numbers 218 through County's records (after incorporating adjustment numbers 247 through service function code.	INC. IC. IC. IC. IC. IC. IC. IC.	508,627 588,431 542,803 459,623 283,505 1,048,843 298,448 674,430 920,384 386,166 24,470 35,113	0 0 0 (220) 0 (60) (1,627) (1,047) 0 0 0 0 (6) (2,960)	560,500 * 173,046 * 508,627 * 588,431 * 542,583 * 459,623 * 283,445 * 1,047,216 * 297,401 * 674,430 * 920,384 * 386,166 * 24,470 * 35,113 * 5,017 * 6,506,452
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.	Fiscal Per	riod Ended
	SAN BERI	VARDIN	IO COUN	ITY DEPARTMENT OF BEHAVIORAL HEALTH	00036	298	June 3	0, 2004
	Report Re	ference				As	Increase	As
Adj.	Form/	_		EXPLANATION OF AUDIT ADJUSTM	ENTS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.					_
				ADJUSTMENTS TO REPORTED UNITS - CONTRACT	DDOVIDEDS			
				- ONTRACT	TROVIDERO			
26 9	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION	**	560,500	(1,362)	559,138
270	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00138 MENTAL HEALTH SYSTEM		173,046	(1,035)	172,011
271	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG,		508,627	(24,343)	484,284
272	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS	**	588,431	(13,924)	574,507
273	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUID	ANCE CLINIC **	542,583	(18,652)	523,931
274	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENC		459,623	(9,510)	450,113
275	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNS		283,445	(14,050)	269,395
276	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL	. HEALTH SVCS. **	1,047,216	(39,850)	1,007,366
277	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEA	LTHCARE DISTRICT **	297,401	(22,628)	274,773
278	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01006 S.B. COUNTY SUPERINTEN		674,430	(3,231)	671,199
279	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPP		920,384	(29)	920,355
280	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDREN 8	FAMILY SVCS. **	386,166	(3,781)	382,385
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01191 ROLINDA CHILDRENS SER		24,470	0	24,470
281	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01200 LODGEQUEST, INC.	**	35,113	(975)	34,138
282 Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01207 SHANDIN HILLS TOTAL MEDI-CAL UNITS	**	5,017	(67)	4,950
11110.				TOTAL MEDI-CAL UNITS		6,506,452	(153,437)	6,353,015
				To reduce total Medi-Cal units for contract providers by audited M	edicare/Crossover			
				units, audited Enhanced SD/MC (Children) units and audited Heal	thy Families (SED)			
	i l			units per State DMH Summary of Net Approved Claims Reports d	ated June 30, 2008.			
				The auditor submitted detail workpapers to the County.]	
				- Medicare/Medi-Cal Crossover Units	(13,300)			
	1			- Enhanced SD/MC (Children) Units	(76,570)			
			i	- Healthy Families (SED) Units	(63,567)			
				(SEE) Simo	(153,437)			
					(100,107)			
					l l			
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			1					
]					
]	
				* Balance carried forward to subsequent adjustment.				
				** Balance brought forward from prior adjustment.				

Provide		NARDIN	O COUN	NTY DEPARTMENT OF BEHAVIORAL HEALTH	Provider Number 00036	No. of Adj. 298	1	eriod Ended
	Report Re			The second of Scientists of Sc	1 00030	As	Increase	30, 2004
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	As Adjusted
				ADJUSTMENTS TO REPORTED REVENUES - COUNTY	PROVIDERS			
283 284 285 286 Info.	MH 1968 MH 1968 MH 1968 MH 1968	28 28A 28 28A	E E K	SD/MC + CROSSOVER REVENUES - INPATIENT 07/01/03 - 09/30 SD/MC + CROSSOVER REVENUES - INTPATIENT 10/01/03 - 06/3 SD/MC + CROSSOVER REVENUES - OUTPATIENT 07/01/03 - 09 SD/MC + CROSSOVER REVENUES - OUTPATIENT 10/01/03 - 06 LESS: TOTAL REVENUES To adjust reported SD/MC and Crossover revenues to agree with CReport MHS 234.	30/04 /30/03 /30/04	\$ 7,228 769,636 19,527 318,342 \$1,114,733	\$ (3,533) (376,155) (831) (13,545) \$ (394,064)	\$ 3,695 * 393,481 * 18,696 304,797 720,669
287 288 Info.	MH 1968 MH 1968	28 28A	E E	SD/MC + CROSSOVER REVENUES - INPATIENT 07/01/03 - 09/30 SD/MC + CROSSOVER REVENUES - INPATIENT 10/01/03 - 06/30 LESS: TOTAL REVENUES To adjust reported SD/MC and Crossover revenues to reflect the retentative settlement for the Medicare cost report dated September 5	0/04 ** vised	\$ 3,695 393,481 \$ 397,176	\$ 2,786 296,681 \$ 299,467	\$ 6,481 690,162 \$ 696,643
289 290 Info.	MH 1979 MH 1979	23 27	J	ADJUSTMENTS TO REPORTED SD/MC SETTLEM COUNTY PROVIDERS ADJUSTED TOTAL SD/MC REIMBURSEMENT (FFP) TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) TOTAL REIMBURSEMENT (FFP) To adjust the Total SD/MC Reimbursement (FFP) and Healthy Family Reimbursement (FFP) due to adjustments made to cost, revenues a units of service.	ilies	\$ 23,205,555 292,686 \$ 23,498,241	\$ (1,796,063) (7,836) \$ (1,803,899)	\$ 21,409,492 284,850 \$ 21,694,342
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.	Fiscal P	eriod Ended
<u> </u>				NTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	298	June	30, 2004
Adj.	Report Re Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	NTS	As Reported	Increase (Decrease)	As Adjusted
291 292	MH 1979 MH 1979	23 27	J J	ADJUSTMENTS TO REPORTED SD/MC SETTLEM CONTRACT PROVIDERS ADJUSTED TOTAL SD/MC REIMBURSEMENT (FFP) TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) TOTAL REIMBURSEMENT (FFP) To adjust the Total SD/MC Reimbursement (FFP) and Healthy Famil		\$ 7,702,560 93,681 \$ 7,796,241	\$ (39,626) (1,788) \$ (41,414)	\$ 7,662,934 91,893 \$ 7,754,827
				Reimbursement (FFP) due to adjustments made to units of service. LE #00108 Telecare Corporation LE #00138 Mental Health Systems, Inc. LE #00156 Eastfield Ming Quong, Inc. LE #00203 Pacific Clinics LE #00287 Redland-Yucaipa Guidance Clinic Association LE #00288 Family Services Agency of San Bernardino LE #00289 West End Family Counseling Service, Inc. LE #00290 Morongo Basin Mental Health Services Association LE #00293 Bear Valley Community Healthcare District Family Couns LE #01006 San Bernardino County Superintendent of Schools LE #01042 Victor Community Support Services, Inc. LE #01130 Valley Star Children and Family Services LE #01191 Rolinda Childrens Services LE #01200 LodgeQuest, Inc. LE #01207 Shandin Hills		\$ 634,176 295,261 636,995 686,266 690,051 463,769 362,241 866,649 427,748 793,136 944,676 491,385 30,773 35,121 437,994 \$ 7,796,241	\$ 18 1 (18,783) 1,724 (3,850) (87) (22) (1,328) (17,954) 22 13 (532) 0 0 (636) \$ (41,414)	\$ 634,194 295,262 618,212 687,990 686,201 463,682 362,219 865,321 409,794 793,158 944,689 490,853 30,773 35,121 437,358 \$ 7,754,827
293	SCH. 4	1	3	ADJUSTMENTS TO AS SETTLED EPSDT STATE GENER SD/MC ACTUALS To adjust SD/MC actuals due to adjustments made to total computal as reflected on the MH 1979 forms for both County Providers and Coamounts utilized for this purpose were SD/MC and Enhanced for out	ble Medi-Cal costs	\$ 41,718,733	\$ (130,370)	\$ 41,588,363
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

FISCAL YEAR 2003 - 2004

В	C
	Total
ther	Costs
938,166	128,495,263
278,037)	(45,278,037
898,656	3,121,069
558,785	86,338,295
383,218)	(2,383,218
	83,955,077
	6,824,168
	80,020
	4,965,276
	11,869,464
	11,000,404
	716,842
	207,631 107,231
	1,031,704
	107 107
	107,437
	70.040.470
	70,946,472
	92 055 077
	83,955,077

Provider Number						No. of Adj.			Fiscal Period Ended			
	SAN BERN	NARDIN	O COUN	TY DEPARTMENT OF BEHAVIORAL HEALTH	MENT OF BEHAVIORAL HEALTH 00036		298		June 30, 2004			
Report Reference Adj. Form/				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported			Increase (Decrease)		As Adjusted	
No.	Sch.	Line	Col.			_		+		╄-		
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS								
94 95	SCH. 4 SCH. 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		\$	47,648,989 27,727,242	\$	(248,999) (248,999)	\$	47,399,990 27,478,243	
				To adjust total SD/MC claims and EPSDT claims to reflect the reverecoupment amount per EPSDT Audit performed by State DMH Moversight Branch. The report was dated March 3, 2008 and cover period from April 1, 2004 through June 30, 2004.	ledi-Cal							
296	SCH. 4	10	3	NET COST SETTLEMENT AMOUNT		\$	7,886,673	\$	(69,682)	\$	7,816,991	
				To adjust net cost settlement amount as a result fo adjustments to (Total Computable Medi-Cal), total SD/MC claims and EPSDT claims								
297	SCH. 4	11	3	STATE GENERAL FUND DISTRIBUTION		\$	7,886,673	\$	(68,649)	\$	7,818,024	
		, 		To adjust State General Fund Distribution to reflect the offset made for the revised final recoupment amount per EPSDT Audit perform DMH Medi-Cal Oversight Branch. The Report was dated March Covered the period from April 1, 2004 through June 30, 2004.	ned by State							
298	SCH. 4	12	3	STATE GENERAL FUNDS DUE COUNTY (STATE)		\$	0	\$	(1,033)	\$	(1,033)	
				To adjust State General Funds due State as a result of adjustmer Settlement Amount and State General Fund Distribution as follow				İ				
				Audited Net Cost Settlement Amount Adj. 296 Audited State General Fund Distribution Adj. 297 Net State General Funds due to State	\$ 7,816,991 7,818,024 \$ (1,033)							
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.								

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH
Page 1 of 2
FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO

	Legal Entity: SAN BERNARDINO COUNTY D.B.H.	A	В	С
Le	gal Entity Number: 00036	Salaries		Total
		and Benefits	Other	<u>Adjustments</u>
1	To reclassify costs as a result of recalculation of MAA.			
2	MAA Costs		(2,683,013)	(2,683,013)
3	Administrative Costs		112,040	112,040
4	Treatment Costs		2,570,973	2,570,973
5	To eliminate unsupported MAA Costs.		(11,155)	(11,155)
6_	To reflect the effect of recalculation of MAA costs on TBS.			
7	Mode 55 Medi-Cal Administrative Activities		(66,241)	(66,241)
8	Mode 15 Outpatient - Progaram 2		66,241	66,241
9	To reflect the effect of recalculation of MAA costs on CAW			
10	Mode 55 Medi-Cal Administrative Activities		(194,480)	(194,480)
11	Mode 15 Outpatient - Progaram 1 (CALWORKS)		194,480	194,480
12	To include depreciation expesses for FY 1993-94 audit			
13	exceptions.		31,493	31,493
14	To include depreciation expesses for FY 2002-03 audit			
15	exceptions.		29,007	29,007
16	To adjust FFS and ASO costs to agree with actual			
17	payments per County's records.		6,222	6,222
18				
19				
20				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH
Page 2 of 2
FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO

	Legal Entity: SAN BERNARDINO COUNTY D.B.H.	Α	В	С
Le	gal Entity Number: 00036	Salaries		Total
		and Benefits	Other	Adjustments_
1	To reclassify CC #2262 CALWORKS Rialto.			
2	Mode 45 - Regular Outreach		(32,608)	(32,608)
3	Mode 45 - CALWORKS Outreach		32,608	32,608
4	To reclassify SAMHSA Block Grant outpatient costs to			
5	avoid duplicate reimbursement for county operated		_	
6	clínics.			
7	Mode 15 - Outpatient Program 1 (Regular)		(1,306,407)	(1,306,407)
8	Mode 15 - Outpatient Program 1 (Block Grant)		1,306,407	1,306,407
9	To adjust reported costs for Arrowhead Regional Medical			
10	Center to agree with State Department of Health			
11	Services' Audit Report dated October 18,2006.			
12	Inpatient Psych Costs		(1,894,638)	(1,894,638)
13	Outpatient Psych Costs		(170,972)	(170,972)
14	To eliminate prior year expenses from CC #2212 Vista			
15	Counseling.		(62,946)	(62,946)
16	To eliminate payments for indigent services.		(310,229)	(310,229)
17				
18				
19				-
-	Total Adjustments		(2,383,218)	(2,383,218)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY OTHER ADJUSTMENTS MH 1962 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO

Legal Entity: SAN BERNARDINO COUNTY D.B.H.	Α	В	С
Legal Entity Number: 00036	Salaries		Total
	and Benefits	Other	Adjustments
1 Reconciling differences from County Auditor/Controller			
2 Report (FAS) and the County DBH operating statement	222,413	868,183	1,090,596
3 Arrowhead Regional Medical Center Costs		24,704,462	24,704,462
4 Administrative Revenues		(216,530)	(216,530)
5 To reverse ADS revenues out of the Directors CC2000		700,000	700,000
6 To reverse CALWORKS and make it a funding source		3,238,026	3,238,026
7 To reverse Inpatient Managed Care Payments		(4,755,015)	(4,755,015)
8 Directors cc #2000, remove from claimed costs		(1,835,753)	(1,835,753)
9 Administrative Service (ASO) Costs		334,345	334,345
10 To remove FEMA Costs, cc #2098		(1,294,068)	(1,294,068)
11 To reclassify the Vocation Rehab. Grant Funds		60,264	60,264
12 To remove ADS Cost Centers and Contract Providers		(13,140,613)	(13,140,613)
13 To remove the CONREP Cost Center #2239		(1,137,558)	(1,137,558)
14 To adjust the Mgd. Care FFS O/P Costs to actual		(200,130)	(200,130)
15 To remove State Hospital Costs		(4,519,246)	(4,519,246)
16 To include the Public Guardian & Sup. Court c/rpts.		1,079,266	1,079,266
17 To remove the CONREP and ADS Admin. Charges		(986,977)	(986,977)
18			
19			
20 Total Adjustments	222,413	2,898,656	3,121,069

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO

	Legal Entity: SAN BERNARDINO COUNTY D.B.H.	A
Le	gal Entity Number: 00036	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	70,946,472
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	17,942,536
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	1,759,636
5	Outpatient Services (Mode 15 Program 1 + Program 2)	41,502,915
6	Outreach Services (Mode 45)	7,115,598
7	Medi-Cal Administrative Activities (Mode 55)	1,270,477
8	Support Services (Mode 60)	1,355,310
9	Total - Lines 2 through 8	70,946,472

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

լ	Legal Entity: SAN BERNARDINO COUNTY D	J.B.H.	Α	В	С		E	F	G
Legal Ent	tity Number: 00036			Service	Service	Service	Service	Service	Service
	Mode: 05 - Hospital Inpatient (SFC 10-1	9)	Mode Total	Function	Function	Function	Function	Function	Function
LATI	r - P			10	19				
Alloca	ation Percentage		100.00%	82.49%	17.51%				
	s Cost		47 040 E2C	15,187	3,223				
****	<u>งเรื่องจากกระทำสารทางสารที่สำนักจัดจากสารทางสารทางสารทางสารทางสารทางสารทางสารทางสารทางสารทางสารทางสารที่สำนัก</u>	totototototototo	17,942,536	14,801,374	3,141,162	***********	<u></u>	. * . * . * . * . * . * . * . * . * . *	10101010101010101
	per Unit			974.61	974.61				
	per Unit			873.40	236.78				
	shed Charge per Unit stiated Rate / Cost per Unit			1,000.00	1,000.00			_	
	mated Nate / Cost per Offic	10000000000000000000000000000000000000			400000000000		 	**********	[2]
Medi-	-Cal Units	07/01/03 - 09/30/03		1,598	315				
SA		10/01/03 - 06/30/04		3,233	768				
Medic	care/Medi-Cal Crossover Units	07/01/03 - 09/30/03		14					
)A		10/01/03 - 06/30/04		427					
0 Enhai	nced SD/MC (Children) Units	07/01/03 - 09/30/03							
UA		10/01/03 - 06/30/04							<u> </u>
	nced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
1 Healt	thy Families (SED) Units	07/01/03 - 09/30/03	.	11					<u> </u>
11A Non-I	Medi-Cal Units	10/01/03 - 06/30/04		6	2440				
receipt the second	iniour-Oai Offica Georgeografia (1885)	<u>aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa</u>		9,898	2,140	*	44444444 <u>4</u>	*************	
13 Medi-	-Cal Costs	07/01/03 - 09/30/03	1,631,975	1,557,424	74,552	<u> </u>			
13A		10/01/03 - 06/30/04	3,332,786	3,150,908	181,878	*			
14 Medi-	-Cal SMA Upper Limits	07/01/03 - 09/30/03	1,470,245	1,395,693	74,552	. *			
14A		10/01/03 - 06/30/04	3,005,580	2,823,702	181,878	*			
15 Medi-	-Cal Published Charges	07/01/03 - 09/30/03	1,672,552	1,598,000	74,552	*			<u> </u>
15A		10/01/03 - 06/30/04	3,414,878	3,233,000	181,878				
16 Medi-	-Cal Negotiated Rates	07/01/03 - 09/30/03	-						<u> </u>
16A	.00000000000000000000000000000000000000	10/01/03 - 06/30/04	. 000000000000	2010/21010/21010101	00000000000	00000000000000	10191313101310131	G000000000	00000000
17 Medic	care/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	13,645	13,645					
17A		10/01/03 - 06/30/04	4 <u>16,</u> 158	416,158					
18 Medic	care/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	12,228	12,228					
IBA		10/01/03 - 06/30/04	372,942	372,942					
19 Medic	care/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	14,000	14,000					
19A[_	10/01/03 - 06/30/04	427,000	427,000					
20 Medic	care/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04	20-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	erana erana erangigi (n	-1			<u>सम्बद्धसम्बद्धसम्बद्ध</u>	::::::::::::::::::::::::::::::::::::::
21 Fnha	inced SD/MC (Children) Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04			_				
Enha	inced SD/MC (Children) SMA Upper Limits	07/01/03 - 09/30/03						ļ	
22A		10/01/03 - 06/30/04							
Enha	inced SD/MC (Children) Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04						1	
Enha	inced SD/MC (Children) Negotiated Rates	07/01/03 - 09/30/03					<u> </u>		
24A	C0000000000000000000000000000000000000	10/01/03 - 06/30/04			4444444	100000000000	90000000000	30000000000	00000000000
	inced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
	nced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
	nced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28 Enha	inced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	ļ					<u> </u>	
29	territaria de la contractiva del la contractiva del la contractiva de la contractiva de la contractiva de la contractiva de la contractiva de la contractiva de la contractiva de la contractiva de la contractiva de la contractiva de la contractiva de la contractiva de la contractiva de la contractiva de la contractiva de la contractiva de la contractiva	07/01/03 - 09/30/03	10,721	10,721			T		1
29A Healt	thy Families Costs	10/01/03 - 06/30/04	5,848	5,848					
20	the Samilian CMA I land to be in	07/01/03 - 09/30/03	9,607	9,607					
30A Healt	thy Families SMA Upper Limits	10/01/03 - 06/30/04	5,240	5,240					
21	thy Eamilian Bublished Charges	07/01/03 - 09/30/03	11,000	11,000					
31A Heal	thy Families Published Charges	10/01/03 - 06/30/04	6,000	6,000					
32	thy Families Negotiated Rates	07/01/03 - 09/30/03							
32A	miy i allimos Hedoriquen Vares	10/01/03 - 06/30/04							
		(.),;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	12,531,404	9,646,671	2,884,733	<u> </u>		a cici di dididi di di	

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

	County Code: 36								
	Legal Entity: SAN BERNARDINO COUNTY D).B.H.	A	В	С	D	E	F	G
Leg	al Entity Number: 00036 Mode: 05 - Other 24 Hour Services (All		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
-	Allegation Deposits of								
	Allocation Percentage Total Units								
	Gross Cost								
101010		<u> peregeranti interpretangua</u>		<u> </u>	<u> </u>	<u> managaga a</u>	and the state of t	<u></u>	
	Cost per Unit SMA per Unit								
	Published Charge per Unit							 	
	Negotiated Rate / Cost per Unit								
..*.*		ang balkanang balk		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u>aragida nagananan ara</u>	<u> </u>	alabetetetetetegebeb	<u> 1.15.1.1.1.1.1.2.2.2.1.1.1.1</u>	orangiaida.
8 8A	Medi-Cal Units	07/01/03 - 09/30/03							
9		10/01/03 - 06/30/04 07/01/03 - 09/30/03							
9A	Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04					-	-	
10		07/01/03 - 09/30/03							
10A	Enhanced SD/MC (Children) Units	10/01/03 - 06/30/04			-				
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11		07/01/03 - 09/30/03							
11A	Healthy Families (SED) Units	10/01/03 - 06/30/04							
12	Non-Medi-Cal Units								
13	en en en en er en en en en en en en en en en en en en	07/01/03 - 09/30/03		e <u>lejejejejejelejejel</u> e	<u> </u>	<u>, e etateralelelelelele</u>		1	
13A	Medi-Cal Costs	10/01/03 - 06/30/04							
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03							
14A	HIGH-OH ONN OPPO LIMIS	10/01/03 - 06/30/04							
15	Medi-Cal Published Charges	07/01/03 <u>- 09/</u> 30/03							
15A		10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04		and and an angles			100000000000000		
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03			_				
17A		10/01/03 - <u>0</u> 6/30/04	ļ		 				
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03					_		
18A		10/01/03 - 06/30/04					ļ	 	
19A	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03 10/01/03 - 06/30/04				ļ	-	 	
20		07/01/03 - 09/30/03			<u> </u>	_		 	
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							
	<u> </u>		2010/01/01/01/01	<u> </u>	500 <u>0000</u> 0000			2020000000	2222222222
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03			-	 	<u> </u>	 -	
21A 22		10/01/03 - 06/30/04 07/01/03 - 09/30/03	 		 		-	 	
22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04	 			 		 	
23	5-1 100/40 D 15 1 1 4 0	07/01/03 - 09/30/03	 						
23A	Enhanced SD/MC Published Charges	10/01/03 - 06/30/04	ŀ						
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A	Linanced OD/MC Negotiated Nates	10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	A CONTRACTOR OF THE CONTRACTOR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	<u> </u>	<u> </u>	
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	1						
	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							L
29		07/01/03 - 09/30/03		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u> Helelelelelelelel</u>		1010101010101010101	******************	a continue la la la la la la la la la la la la la
29A	Healthy Families Costs	10/01/03 - 06/30/04					 	<u> </u>	
30	III. aliku Familia CAIA II.a. a Limita	07/01/03 - 09/30/03							
30A	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A	Treating Farmines Fubished Charges	10/01/03 - 06/30/04	I						<u>_</u>
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03					ļ	1	<u> </u>
32A	Troubly Laminos fregoriated Maios	10/01/03 - 06/30/04	J		<u> </u>		<u> </u>		
33	Non-Medi-Cal Costs	ereneg <u>e bebelek</u> ter terenere behind t	Activities (Control of Control of	en er er er er er er er er er er er er er	and the fact of th		1	1	1
					·				

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO

	Legal Entity: SAN BERNARDINO COUNTY D	<u>.в.н.</u>	A	В	С	D	E	F	G
Leg	al Entity Number: 00036		i <u>-</u> l	Service	Service	Service	Service	Service	Service
	Mode: 10 - Day Services	_	Mode Total	Function	Function	Function	Function	Function	Function
	Allocation Percentage	_	400.000/	85			<u> </u>		
	Total Units		100.00%	100.00%					
	Gross Cost		1,759,636	4,549 1,7 <u>59,</u> 636	_				
	<u> </u>	<u>erana</u> aannamaa	1,739,030		<u>कानुस्तरास्त्रप्रकार</u>	<u> </u>	<u>चनवचनवित्तवक</u> ्	<u> </u>	103100000
	Cost per Unit			386.82					
	SMA per Unit Published Charge per Unit			183.46					
	Negotiated Rate / Cost per Unit			183.46					
	<u> </u>	<u> </u>		<u></u>	स्थानस् यस्य स्थान	*.*.*.*.*.*.*.*.	(*******<u>******</u>*******		<u> </u>
3	Medi-Cal Units	07/01/03 - 09/30/03		1,927					
BA		10/01/03 - 06/30/04		1,941					
	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03		_			_		
)A		10/01/03 - 06/30/04							
10 10A	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
	Enhanced SD/MC (Refugees) Units	10/01/03 - 06/30/04 07/01/03 - 06/30/04							
11		07/01/03 - 09/30/03							
11A	Healthy Families (SED) Units	10/01/03 - 06/30/04			_				
	Non-Medi-Cal Units	10/01/00 - 00/00/04		681			_		
	<u> स्वतंत्रकार्यः प्रदेशके विकास स्वतंत्रकार स्वतंत्रकार स्वतंत्रकार स्वतंत्रकार स्वतंत्रकार स्वतंत्रकार स्वतंत</u>	07/04/00 00/00/00	745 000	ararara <u>tabelara</u> arara	ererritetetetetetet	3,4,4,4,4,4,4,4,4141477	<u> </u>		terendese sacioni
13 13A	Medi-Cal Costs	07/01/03 - 09/30/03 10/01/03 - 06/30/04	745,399 750,814	745,399 750,814			<u> </u>		
14		07/01/03 - 09/30/03	353,527	353,527					
14A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	356,096	356,096					
15		07/01/03 - 09/30/03	353,527	353,527				_	
15A	Medi-Cal Published Charges	10/01/03 - 06/30/04	356,096	356,096			-		
16	Madi Calaba and a Day	07/01/03 - 09/30/03	333,000						
16A	Medi-Cal Negotiated Rates	10/01/03 - 06/30/04							
17	<u> 196390 </u> 00000000000000000000000000000000000	07/01/03 - 09/30/03		<u> </u>	190000000000000000000000000000000000000		<u>, सरकारकार विश्वका</u>	<u> Namandalaran</u>	
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04				i — — —			
18		07/01/03 - 09/30/03							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04						_	
19	Madisass (Madis Cal Consumer Dublished Channel	07/01/03 - 09/30/03							
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04					·	-	
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A	Medical 6/1960/-Car Crossover Negotiated Rates	10/01/03 - 06/30/04							
21	<u> </u>	07/01/03 - 09/30/03	000000000000000000000000000000000000000	<u> </u>	<u> Salainia (Cittalajois)</u>				-telefololololo
21A	Enhanced SD/MC Costs	10/01/03 - 06/30/04	1		_	-			
22		07/01/03 - 09/30/03			_	1			
22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04							
23	Enhanced OR/MO Dishlight of Observer	07/01/03 - 09/30/03							
23A	Enhanced SD/MC Published Charges	10/01/03 - 06/30/04		· ·					
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A	Elinanced SD/MC Negotiated Nates	10/01/03 - 06/30/04					i		<u> </u>
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04		*********	<u> </u>		*******		
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04		i ———					1
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04	_						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	<u> </u>	07/01/03 - 09/30/03	200000000000	CONTRACTOR CONTRACTOR	300.000.000.000	0000000000	<u> </u>	20.0000,00000	
29 29A	Healthy Families Costs	10/01/03 - 09/30/03		 	 	 	 	 	-
<u>29A</u> 30		07/01/03 - 09/30/03	+	 	 	 	 	 	_
30A	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04	+	 			1		1
31		07/01/03 - 09/30/03	+	 		 	 	 	
31A	Healthy Families Published Charges	10/01/03 - 06/30/04	+	 			 	 	
32		07/01/03 - 09/30/03				1		 	
32A	Healthy Families Negotiated Rates	10/01/03 - 06/30/04	1	 	<u> </u>		1		
		deleteration deleteration del	danamanan	14040-04040-04040-0404	292839393939393939	department of the service	25-242-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	de deservaciones de	1-1-121-1-1-1-1-1-

County: SAN BERNARDINO

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County Code:	36
Legal Entity:	SAN BERNARDINO C
nal Entity Number:	00036

	County Code: 36			CR	CR	CR	CR	CAW	CAW
	Legal Entity: SAN BERNARDINO COUNTY D).B.H.	Α	В	С	D	_ E	F	G
Leg	al Entity Number: 00036			Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 1)		Mode Total	Function 09	Function 30	Function 60	Function 70	Function	Function
1 7	Allocation Percentage		100.00%	14.27%	36.65%	34.23%	5.61%	0.90%	30 4.86%
2	Total Units			3,157,106	6,288,700	3,172,502	645,165	262,941	1,102,031
3	Gross Cost		37,771,019	5,388,241	13,841,389	12,929,750	2,117,972	339,587	1,835,473
4	Cost per Unit	<u>*************************************</u>		1.71	2.20	4.08	3.28	1.29	1.67
5	SMA per Unit			1.83	2.36	4.37	3.52	1.83	2.36
	Published Charge per Unit			1.63	2.11	4.23	3.44	1.63	2.11
7	Negotiated Rate / Cost per Unit			0.000.000.000.000	12		***********		**********
8	Medi-Cal Units	07/01/03 - 09/30/03		680,084	964,350	568,476	83,505		
8A		10/01/03 - 06/30/04		1,520,550	3,007,850	1,609,276	237,660		
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03			1,859	17,311	2,035		
9A	_ _	10/01/03 - 06/30/04			7,962	126,366	8,505		
10 10A	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03		3,785	8,860	1,194	100		
	Enhanced SD/MC (Refugees) Units	10/01/03 - 06/30/04 07/01/03 - 06/30/04		24,141 1,147	51,122 5,827	6,377	395		
11		07/01/03 - 09/30/03		3,148	19,950	4,692	427		
11A	Healthy Families (SED) Units	10/01/03 - 06/30/04		23,091	98,409	11,854	1,765		
	Non-Medi-Cal Units			901,160	2,122,511	826,956	310,773	262,941	1,102,031
13	erekteringsbornerspielerengeborerspielerenskilderengebore 	07/01/03 - 09/30/03	5,874,226	1,160,701	2,122,528	2,316,863	274,133	aptronocities de	<u> </u>
13A	Medi-Cal Costs	10/01/03 - 06/30/04	16,554,300	2,595,127	6,620,259	6,558,715	780,199	 	
14	Marit Cal Children III. Na	07/01/03 - 09/30/03	6,298,597	1,244,554	2,275,866	2,484,240	293,938		
14A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	17,750,232	2,782,607	7,098,526	7,032,536	836,563		
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	5,835,226	1,108,537	2,034,779	2,404,653	287,257		
15A		10/01/03 - 06/30/04	16,449,848	2,478,497	6,346,564	6,807,237	817,550		_
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04	000000000000000000000000000000000000000	00000000000	1000000000000		0000000000	101001001010101010	nan cusana ania
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	81,324		4,092	70,552	6,681		
17A		10/01/03 - 06/30/04	560,458		17,524	515,013	27,921		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	87,200		4,387	75,649	7,163		
18A 19	- 	10/01/03 - 06/30/04	600,947		18,790	552,219	29,938	 -	
19A	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03 10/01/03 - 06/30/04	84,148_ 580,585		3,922 16,800	73,226 534,528	7,000 29,257		
20		07/01/03 - 09/30/03	360,300		10,000	334,320	20,201		
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							
21	<u>ការត្រាក់ក្រុម ទី២០១ ខេត្តបានប្រការបានបានបានប្រជាពលបានប្រការបានប្រការបានប្រការបានប្រការបានប្រការបានប្រការបានប</u>		24 455	0.400	40.504	4 966	220		<u> </u>
21A	Enhanced SD/MC Costs	07/01/03 - 09/30/03 10/01/03 - 06/30/04	31,155 181,007	6,460 41,202	19,501 112,519	4,866 25,990	328 1,297		
22		07/01/03 - 09/30/03	33,406	6,927	20,910	5,218	352		
22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04	194,084	44,178	120,648	27,867	1,390		
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	30,259	6,170	18,695	5,051	344		
23A	Enhanced SD/MC Published Charges	10/01/03 - 06/30/04	175,551	39,350	107,867	26,975	1,359		
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04					(17.4.4.4.4.7.4.7.4.7.4.4.4		
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	14,783	1,958	12,825				
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	15,851	2,099	13,752				
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04	14,165	1,870	12,295				
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	<u> </u>				iningen en en en		00000000000
29 29A 30 30A	Healthy Families Costs	07/01/03 - 09/30/03	69,807	5,373	43,910	19,123	1,402		
29A	Healthy Families Costs	10/01/03 - 06/30/04	310,113	39,409	216,598	48,312	5,794		
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	74,850	5,761	47,082	20,504	1,503		
30A		10/01/03 - 06/30/04	332,517	42,257	232,245	51,802	6,213		
31 31A	Healthy Families Published Charges	07/01/03 - 09/30/03	68,542	5,131	42,095	19,847	1,469		
31A 32	<u> </u>	10/01/03 - 06/30/04 07/01/03 - 09/30/03	301,495	37,638	207,643	50,142	6,072		
32A	Healthy Families Negotiated Rates	10/01/03 - 06/30/04	 			 			
		1.0/01/03 - 00/30/04	tanang terapaga	<u> and and the same state</u>	<u> </u>				1 225 472
33	Non-Medi-Cal Costs		14,093,846	1,538,012	4,671,633	3,370,316	1,020,217	339,587	1,835,473

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO County Code: 36		CAW	CR					
Legal Entity: SAN BERNARDINO COUNTY I	D.B.H.	Н	1 _ 1	J	K		M	N
Legal Entity Number: 00036		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Function	Function	Function .	Function	Function	Function	Function
TABLE OF BUILDING		70	BG				<u> </u>	<u> </u>
1 Allocation Percentage		0.03%	3.46%					
2 Total Units 3 Gross Cost		4,911	671,927					
	(22222222222222222222222222222222222222	12,200	1,306,407	100000000000	44444444			
4 Cost per Unit		2.48	1.94					
5 SMA per Unit		3.52						
6 Published Charge per Unit		3.44						_
7 Negotiated Rate / Cost per Unit								
8 11-4-0-11-1-	07/01/03 - 09/30/03							
BA Medi-Cal Units	10/01/03 - 06/30/04			-				
	07/01/03 - 09/30/03							
Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04							
10	07/01/03 - 09/30/03		_					
Enhanced SD/MC (Children) Units	10/01/03 - 06/30/04							
10B Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							<u> </u>
11	07/01/03 - 09/30/03						 	
11A Healthy Families (SED) Units	10/01/03 - 06/30/04				İ			
12 Non-Medi-Cal Units	,	4,911	671,927		l			
<u>nette autiki gangan ana ina antaga aga ana ani ing ana ana ana a</u>	07/04/02 00/00/02	aaren haara		rararara <u>tatatata</u> ta	1317-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	<u>laggereren</u>		depresentations
Medi-Cal Costs	07/01/03 - 09/30/03				 			⊢
13A	10/01/03 - 06/30/04							
Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03				<u> </u>		 -	
14A	10/01/03 - 06/30/04							
Medi-Cal Published Charges	07/01/03 - 09/30/03				 			
15A Wood Sall abilistics Onlyings	10/01/03 - 06/30/04							
Medi-Cal Negotiated Rates	07/01/03 - 09/30/03 10/01/03 - 06/30/04					ļ		
16A	10/01/03 - 06/30/04	.000000000000	10000000000000000000000000000000000000		(Optional property			(0)000000000000000000000000000000000000
Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A	10/01/03 - 06/30/04							L
18 Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A	10/01/03 - 06/30/04							
19 Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A	10/01/03 - 06/30/04							
20 Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A Wedicare Wediscar Crossover Negotiated Nates	10/01/03 - 06/30/04							
21 Enhanced SD/MC Contra	07/01/03 - 09/30/03		<u> </u>	<u> </u>			400000000000000000000000000000000000000	1/
Enhanced SD/MC Costs	10/01/03 - 06/30/04				 		 	-
22 Februard SD/MC SMA Herest limits	07/01/03 - 09/30/03				 	-	 	
Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04				 	 	 	
22	07/01/03 - 09/30/03				 		 	
23A Enhanced SD/MC Published Charges	10/01/03 - 06/30/04		-	_	 	 	 	
24	07/01/03 - 09/30/03				 		 	
Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04	 		-	 	-	 	_
<u>, ao antang managana ang ang ang ang ang ang ang ang </u>	description of the section of the se	<u> </u>	<u> </u>	2000000000000000000000000000000000000		10000000000		44.444.44
25 Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04			ļ			 	<u> </u>
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04		Ļ	L				↓
27 Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04	└ ──		<u> </u>	<u> </u>		ļ	_
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	<u> </u>				ļ		1
29 Haalibu Camillas Casta	07/01/03 - 09/30/03	1		1	1	1	1	T
29A Healthy Families Costs	10/01/03 - 06/30/04			t	T			1
20	07/01/03 - 09/30/03	-			<u> </u>	 	 	<u> </u>
30A Healthy Families SMA Upper Limits	10/01/03 - 06/30/04	 		 	1	1		
21	07/01/03 - 09/30/03							
31A Healthy Families Published Charges	10/01/03 - 06/30/04	-			1	İ	 	
22	07/01/03 - 09/30/03							
Healthy Families Negotiated Rates	10/01/03 - 06/30/04				 			t^-
	100000000000000000000000000000000000000	Glassica de par		<u> </u>	name and a sec	100000000000000000000000000000000000000	a <u>cidadasidas</u>	100000000000000000000000000000000000000
33 Non-Medi-Cal Costs		12,200	1,306,407		<u>L</u>			

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO

	County Code: 36			TBS	ASO	ASO	MHS	MHS	MHS
	Legal Entity: SAN BERNARDINO COUNTY D) <u>.B.</u> H	A	В	С	D	Ε	F	<u>G</u>
Leg	al Entity Number: 00036	_	l <u>-</u> l	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 2)		Mode Total	Function	Function	Function	Function	Function	Function
. 1	Allocation Percentage	_	100.00%	58	30	60	30	60	32
	Total Units		100.00%	8.99% 74,306	7.15% 197,390	1.83% 14,640			9.75 257,30
	Gross Cost		3,731,896	335,583	266,850	68,245			363,83
	<u>NATO POPERATO POPERATO POPERATO POPERATO POPERATO POPERATO POPERATO POPERATO POPERATO POPERATO POPERATO POPERA</u>	<u>anamanan pagananan </u>	0,701,030	tion manipulation mass			1400000000000	idaadaadaada	<u> energyddia</u>
	Cost per Unit			4.52	1.35	4.66			1.4
	SMA per Unit Published Charge per Unit	_		2.36	2.36	4.37	2.36	4.37	2.3
	Negotiated Rate / Cost per Unit	_						_	
	ntegotiated Nate / Cost per Onit	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		**************		020200200000000000000000000000000000000			
8	Medi-Cal Units	07/01/03 - 09/30/03		13,702	48,367	3,990			62,25
8A		10/01/03 - 06/30/04		58,779	149,023	10,575			193,03
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC Units	07/01/03 - 09/30/03							34
10A		10/01/03 - 06/30/04							1,67
	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A	Non-Medi-Cal Units	10/01/03 - 06/30/04		1 005		7,0			
	ivon-wedi-cal onits	<u>-14141-1414141414141414141</u> 4141414		1,825		75		1-1-12-1-1-1-1-1-1-1	15151515151515151
13	Medi-Cal Costs	07/01/03 - 09/30/03	868,361	61,881	65,387	18,600			88,02
13A		10/01/03 - 06/30/04	2,776,971	265,459	201,463	49,296			272,96
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	1,701,144	32,337	114,146	17,436			146,91
14A		10/01/03 - 06/30/04	5,344,776	138,718	351,694	46,213			455,57
15	Medi-Cal Published Charges	07/01/03 - 09/30/03							
15A		10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							_
16A		10/01/03 - 06/30/04							
17		07/01/03 - 09/30/03		, , , , , , , , , , , , , , , , , , , ,		,.,.,.,.,.,.,.,.,.,.,.,.,.,.,.,.,.,.,			
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04							
18	Madiana Madi Cal Crasswar SMA Hansa Limite	07/01/03 - 09/30/03							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A	Medicare/Medi-Car Crossover Published Charges	10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A	Wiedical envieur-car Crossover Negotiated Nates	10/01/03 - 06/30/04							
21	piedele et e le le le le le le le le le le le le l	07/01/03 - 09/30/03	8,060	ielekskelekskelekskel			<u> </u>		48
21A	Enhanced SD/MC Costs	10/01/03 - 06/30/04	24,061						2,36
22		07/01/03 - 09/30/03	17,217						81
22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04	51,255		-				3,94
23		07/01/03 - 09/30/03	0.,200						
23A	Enhanced SD/MC Published Charges	10/01/03 - 06/30/04							
24	Enhanced CD/MC Name that of Dates	07/01/03 - 09/30/03							
24A	Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04							
	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04		**************					
$\overline{}$	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	-				_		
	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04		-				+	
	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	 				-	 	
	Entranced Optimo (Nortugees) Negotiated Rates	0000000000000000	2 2000000000	00000000000	100000000000	anananana	10		वावावावावावाव
29	Healthy Families Costs	07/01/03 - 09/30/03	419					1	
29A		10/01/03 - 06/30/04	235			ļ			
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	939	L		<u> </u>	L		
30A	Troubly - arribo Offer Oppor Cirrico	10/01/03 - 06/30/04	496		ļ '	<u> </u>		ļ	
31	Healthy Families Published Charges	07/01/03 - 09/30/03			ļ				}
31A		10/01/03 - 06/30/04		<u> </u>					
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03		L		_	ļ	ļ	
32A		10/01/03 - 06/30/04	1		<u> </u>			1,2,2,2,2,2,2,2,2,2,2	
33	Non-Medi-Cal Costs		53,788	8,242		350		1	

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1986 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO

	Legal Entity: SAN BERNARDINO COUNTY D	D.B.H.	Н	1	J	К	L	M	N
Le	gal Entity Number: 00036		Service	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 2)		Function	Function	Function	Function	Function	Function	Function
_	TARL CONTRACTOR OF THE PROPERTY OF THE PROPERT		62	33	34	35			
<u> </u>	Allocation Percentage Total Units		30.99%	22.62%	4.42%	14.26%			
<u>2</u> —	Gross Cost		600,840	753,270	150,270	488,400			
•;•:•			1,156,546	844,047	164,787	532,003	ogga ogionsio	20000000000000	000000000
1	Cost per Unit		1.92	1.12	1.10	1.09			
5_	SMA per Unit		4.37	2.36	2.36	2.36			
<u>6</u> 7	Published Charge per Unit						_		
, 	Negotiated Rate / Cost per Unit		(1) (1) (1) (1) (1) (1) (1)		*.*.*.*.*.		14.4.21414.214141414	*:*:*:*:*:	101000000000000
8	Medi-Cal Units	07/01/03 - 09/30/03	144,315	184,275	40,807	96,806			
3A	Iviedi-Cai Offics	10/01/03 - 06/30/04	430,425	567,060	104,543	375,694			
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
PΑ	INIBAICATO/INIBAT-CAT C/0330491 CITIES	10/01/03 - 06/30/04							
10	Enhanced SD/MC Units	07/01/03 - 09/30/03	165	210	1,320	5,115			
10A	<u> </u>	10/01/03 - 06/30/04	2,305	1,515	3,600	10,665			<u> </u>
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03	150			120			
11A	· · · · · · · · · · · · · · · · · · ·	10/01/03 - 06/30/04		210					
12	Non-Medi-Cal Units		23,480						<u>L</u>
13		07/01/03 - 09/30/03	277,789	206,482	44,749	105,449			
13A	Medi-Cal Costs	10/01/03 - 06/30/04	828,517	635,397	114,642	409,235		-	
14	14. # 0-1044 11	07/01/03 - 09/30/03	630,657	434,889	96,305	228,462			
14A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	1,880,957	1,338,262	246,721	886,638			
15	Madi Cal Dublishad Charres	07/01/03 - 09/30/03	, , ,	.,,	- 1				
15A	Medi-Cal Published Charges	10/01/03 - 06/30/04							
16	Madi Cal Nagatistad Batas	07/01/03 - 09/30/03							
16A	Medi-Cal Negotiated Rates	10/01/03 - 06/30/04							
17	, 19090000000000000000000000000000000000	07/01/03 - 09/30/03				00,000,000,000			1000000000000
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04		_					†
18	·	07/01/03 - 09/30/03						 	
18A	Medicare/Medi-Cat Crossover SMA Upper Limits	10/01/03 - 06/30/04							-
19		07/01/03 - 09/30/03							
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04							—
20		07/01/03 - 09/30/03							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							1
	<u> </u>		<u> ज्ञानसम्बद्धाः</u>	3444444444			************		<u> </u>
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	318	235	1,448	5,572			
21A		10/01/03 - 06/30/04	4,437	1,698	3,948	11,617			₩—
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	721	496	3,115	12,071		<u> </u>	
22A		10/01/03 - 06/30/04	10,073	3,575	8,496	25,169			
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							+
24 24A	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03		-					
247	<u>*************************************</u>	10/01/03 - 06/30/04	************			5.1.00005.0000	. * . * . * . * . * . * . * . * . * . *		1 111111111111111
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04						1	$oldsymbol{ol}}}}}}}}}}}}}}}}}$
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04						ļ	↓
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	<u> </u>					1	1
29		07/01/03 - 09/30/03	289			131		1	1
29A	Healthy Families Costs	10/01/03 - 06/30/04		235					
30		07/01/03 - 09/30/03	656			283			
30 <i>P</i>	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04	550	496	1				1
31		07/01/03 - 09/30/03			 				
31 <i>A</i>	Healthy Families Published Charges	10/01/03 - 06/30/04	<u> </u>		İ			†	
32	· · · · · · · · · · · · · · · · · · ·	07/01/03 - 09/30/03						1	
32/	Healthy Families Negotiated Rates	10/01/03 - 06/30/04	 	-			_		
	N	1.2.2.700 00/00/04	 	 		12 Carrier 19 Carrier	20,000,000,000,000		

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

	County Code: 36		CR	CR	CAW	CAW		
	Legal Entity: SAN BERNARDINO COUNTY D.B.H.	T A T	В	С	D	E.	F_	G
Le	gal Entity Number: 00036		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			10	20	10	20		
1	Allocation Percentage	100.00%	30.94%	62.63%	2.44%	3.99%		
2	Total Units		15,829	32,038	3,396	5,567		
3	Gross Cost	7,115,598	2,201,760	4,456,379	173,332	284,127		
4	Cost per Unit		139.10	139.10	51.04	51.04		
5	Non-Medi-Cal Units		15,829	32,038	3,396	5,567		
6	Non-Medi-Cal Costs	7,115,598	2,201,760	4,456,379	173,332	284,127	<u></u>	

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

	County Code: 36		MAA	MAA	MAA	MAA	MAA	MAA
	Legal Entity: SAN BERNARDINO COUNTY D.B.H.	A	В	С	D	E	F	G
Legal Entity Number: 00036			Service	Service	Service	Service	Service	Service
	Mode: 55 - Medi-Cal Administrative Activities		Function	Function	Function	Function	Function	Function
			03	06	09	13	16	19
1_	Allocation Percentage	100.00%	11.60%	13.71%	4.90%	2.83%	1.26%	
2	Total Units		166,173	78,620	85,680	66,173	25,560	57,780
3	Total Expenditures	1,270,477	147,421	174,210	62,283	35,953	15,959	32,188
4	Cost per Unit		0.89	2.22	0.73	0.54	_0.62	0.56
5	Non-Medi-Cal Costs	299,459	1					

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

	County Code: 36	MAA	MAA	MAA	MAA	MAA		
	Legal Entity: SAN BERNARDINO COUNTY D.B.H.	H	l i	J	K	L	М	N
Leg	gal Entity Number: 00036	Service	Service	Service	Service	Service	Service	Service
	Mode: 55 - Medi-Cal Administrative Activities	Function	Function	Function	Function	Function	Function	Function
		23	26	29	34	39		
1	Allocation Percentage	8.78%	31.28%	2.56%	8.86%	11.68%		
2	Total Units	110,757	404,240	32,940	204,545	297,182		
3	Total Expenditures	111,533	397,447	32,496	112,626	148,361		
4	Cost per Unit	1.01	0.98	0.99	0.55	0.50		
5	Non-Medi-Cal Costs							

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO

County Code: 36

CR

	Legal Entity: SAN BERNARDINO COUNTY D.B.H.	A	В	С	D	E	F _	G
Le	gal Entity Number: 00036		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support	Mode Total	Function	Function	Function	Function_	Function	Function
		i	_20					
1	Allocation Percentage	100.00%	100.00%					_
2	Total Units		19,794					
3	Gross Cost	1,355,310	1,355,310					
	Cost per Unit		68.47				10	<u> </u>
5	Non-Medi-Cal Units (Same as Line 2)		19,794					
6	Non-Medi-Cal Costs (Same as Line 3)	1,355,310	1,355,310					

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO												
County Code: 36 Legal Entity: SAN BERNARDING COUNT	NOBH	+		REIMBURSI	EMENT TYPE	SMA	<u> </u>	PC G	-		Costs	
Legal Entity Number: 00036	1 D.B.H.	 ^- -		<u> </u>		Total	<u> </u>			Total		K Total
		٦ <u> </u>	Mode 55		Total	Inpatient				Outpatient		Outpatient
			S. F.'s 11-19,		MAA	Mode 05-	Mode 05-All		Mode 15	Exclude	Mode 15	(Col. I + Col. J)
1	07/01/03 - 09/30/03	S. F.'s 01-09	31-39	S. F.'s 21-29	*****	Hospital 1,631,975	Other	Mode 10 745.399	Program (1) 5,874,226	Program (2) 6,619,624	Program (2) 868,361	7,487,986
1A Medi-Cal Costs	10/01/03 - 06/30/04					3,332,786		750,814	16,554,300	17,305,114	2,776,971	20,082,085
2 Medi-Cal SMA	07/01/03 - 09/30/03					1,470,245		353,527	6,298,597	6,652,125	1,701,144	8,353,269
2A	10/01/03 - 06/30/04					3,005,580		356,096	17,750,232	18,106,328	5,344,776	23,451,103
Medi-Cal P. C.	07/01/03 - 09/30/03 10/01/03 - 06/30/04					1,672,552		353,527	5,835,226	6,188,754		6,188,754
3A	07/01/03 - 09/30/03					3,414,8 <u>7</u> 8		356,096	16,449 <u>,84</u> 8	16,805,944		16,805,944
4A Medi-Cal N. R.	10/01/03 - 06/30/04											
5	07/01/03 - 09/30/03					1,470,245	<u> </u>	353,527	5,835,226	6,188,754	868,361	7,057,115
5A Medi-Cal Gross Reimbursement	10/01/03 - 06/30/04					3,005,580		356,096	16,449,848	16,805,944	2,776,971	19,582,915
<u>and all more library and and and and a</u>	07/01/03 - 09/30/03					13,645	*.*,*,*,*,;;;**,*.*.		81,324	81,324	31414747414 <u>1334741414</u> 34	81,324
Medicare/Medi-Cal Crossover Cost	10/01/03 - 06/30/04					416,158	 1		560,458	560,458		560,458
Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03					12,228			87,200	87,200		87,200
7A Wedicale Medi-Cal Clossovel SMA	10/01/03 - 06/30/04					372,942			600,947	600,947		600,947
Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03					14,000			84,148	84,148		84,148
8A Medical Comedication of the Comedication of	10/01/03 - 06/30/04 07/01/03 - 09/30/03	-				427,000			580,585	580,585		580,585
9A Medicare/Medi-Cał Crossover N. R.	10/01/03 - 06/30/04									_		
<u> </u>	07/01/03 - 09/30/03					12,228	200000000000000000000000000000000000000	44444444	84,148	84,148		_84,148
10A Medicare/Medi-Cal Crossover Gross Reim.	10/01/03 - 06/30/04					372,942	 		580,585	580,585		
**************************************	<u>ur</u> ha na kana saari saasa sa						<u></u>	250.50	(************	*********	900.001	eleleli <u>s</u> enenninis
11 Total SD/MC + Crossover Gross Reim.	07/01/03 - 09/30/03					1,482,472 3,378,522		353,527 356,096	5,919,375 17,030,433	6,272,902 17,386,529	868,361 2,776,971	7,141,263 20,163,500
***************************************	antarana ana antara antara antara antara antara antara antara antara antara antara antara antara antara antara					3,310,322	<u></u>	530,090	. * . * . * . * <u>. * . * .</u> * . * . *	1,1,1,1,1,1,1,1,1,1,1,1,1,1,1		` <u>.</u> `.`.`.
12 12A Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03 10/01/03 - 06/30/04								31,155 181,007	31,155 181,007		39,215 205,068
42	07/01/03 - 09/30/03								33,406	33,406	17,217	50,623
13A Enhanced SD/MC (Children) SMA	10/01/03 - 06/30/04								194,084	194,084	51,255	245,339
14 Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03								30,259	30,259		30,259
14A	10/01/03 - 06/30/04								175,551	175,551_		<u>175,551</u>
15 15A Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03 10/01/03 - 06/30/04						 -					
						aregadare.	<u> </u>	<u> </u>		20.050	0.000	20.040
16 16A Enhanced SD/MC (Children) Gross Reim.	07/01/03 - 09/30/03 10/01/03 - 06/30/04								30,259 175,551	30,259 175,551	8,060 24,061	38,319 199,612
						<u> </u>	2002272200	2,000,000,0			24.001	
17 Enhanced SD/MC (Refugees) Cost 18 Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04								14,783 15,851	14,783 15,851	 -	14,783 15,851
18 Enhanced SD/MC (Refugees) SMA 19 Enhanced SD/MC (Refugees) P. C.	07/01/03 - 06/30/04								14,165	14,165	88888888888	14,165
20 Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04											
21 Total Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03					1,482,472	14111-1717-1-11	353,527	5,949,633	6,303,161	876,421	7,179,582
21A (Excludes Refugees)	10/01/03 - 06/30/04					3,378,522		356,096	17,205,984	17,562,080	2,801,032	20,363,112
22 Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04								14,165	14,165		14,165
23 Healthy Families Cost	07/01/03 - 09/30/03					10,721			69,807	69,807	419	_70,226
23A Healthy Families Cost	10/01/03 - 06/30/04					5,848			310,113	310,113	235	310,348
24 Healthy Families SMA	07/01/03 - 09/30/03					9,607			74,850	74,850	939	75,789
24A	10/01/03 - 06/30/04					5,240			332,517	332,517	496	333,012
25 25A Healthy Families P. C.	07/01/03 - 09/30/03 10/01/03 - 06/30/04	120000000000000000000000000000000000000				11,000 6,000			68,542 301,495	68,542 301,495		68,542 301,495
	07/01/03 - 09/30/03					0,000			001,400	001,100		0,1,100
26A Healthy Families N. R.	10/01/03 - 06/30/04											
27 Haalthy Families Gress Reim	07/01/03 - 09/30/03	1				9,607		************	68,542	68,542	419	68,961
27A	10/01/03 - 06/30/04					5,240			301,495	301,495	235	301,731
Less: Patient and Other Payor Revenue												
28 SD/MC + Crossover Revenue	07/01/03 - 09/30/03						 		18,696 304,797	18,696 304,797		18,696 304,797
28A Enhanced SD/MC (Children) Revenue	10/01/03 - 06/30/04	100000000000000000000000000000000000000				690,162			304,797	304,797	<u> </u>	304,79
30 Enhanced SD/MC (Refugees) Revenue		1										
31 Healthy Families Revenue							L					
32 Total Expenditures from MAA (Mode 55)	<u>runurunga papatun Prunggara Prundik</u>	383,914	345,087	541,476	1,270,477	t i i i i i i i i i i i i i i i i i i i						
33 Medi-Cal Eligibility Factor (Average)			66									
34 Revenue - MAA				4			(
35 Net Due - SD/MC for Direct Services	07/01/03 - 09/30/03	383,914	228,525	358,579	971,018	1,475,991		353,527	5,930,937	6,284,465	876,421	7,160,88
35A Net Due - SD/MC for Direct Services	10/01/03 - 06/30/04					2,688,360		356,096	16,901,187	17,257,283	2,801,032	20,058,315
36 Net Due - Enhanced SD/MC (Refugees)	107/04/03 00/20/03			1	.	0.607		 	14,165	14,165 68,542	_ 419	14,169 68,96
37 37A Net Due - Healthy Families	07/01/03 - 09/30/03 10/01/03 - 06/30/04			1		9,607 5,240			68,542 301,495	301,495	235	
[[] [] [] [] [] [] [] [] [] [] [] [] []	, or o not - our or or			 		1				1		
Amount Negotiated Rates Exceed Costs	07/01/03 - 09/30/03	100000000000000000000000000000000000000				<u> 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900</u>	4::::::::::::::::::::::::::::::::::::::		1-	<u> </u>		<u> </u>
38 SD/MC (Includes Children)	10/01/03 - 06/30/04					- -		 	-	-		
39 Enhanced SD/MC (Refugees)												
40 Haalthy Familias	07/01/03 - 09/30/03					1			<u> </u>	<u> </u>		
40A Healthy Faithires	10/01/03 - 06/30/04	Production (Control of Control la companione de la companione de la companione de la companione de la companione de la companione de la	400000000000000000000000000000000000000	100000000000000000000000000000000000000	4	1	I	I	I	E rrichter (1984)	l	

DETAIL COST REPORT

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (08/04)

County: SAN BERNARDINO County Code: 36

Legal Entity: SAN BERNARDINO COUNTY D.	B.H.	Α	В		D	E	F	G	н		J
Legal Entity Number: 00036		Total	Total	Total		50.00%	54.35%	52.95%	¹Variable %	75.00%	Total
		MAA	Inpatient	Outpatient	<u>Total</u>	FFP	FFP	FFP	FFP	FFP	FFP
SD/MC Administrative Reimbursement (County O											
1 County SD/MC Direct Service Gross Reimbursem			4,860,994	27,556,858	32,417,852						
2 Contract Providers Medi-Cal Direct Service Gross			8,319,502	14,379,837	22,699,339						
3 Total Medi-Cal Direct Service Gross Reimburseme	ent				55,117,191						
4 Medi-Cal Administrative Relmbursement Limit					8,267,579						
5 Medi-Cal Administration					6,824,168						
6 Medi-Cal Administrative Reimbursement	Standard and Standard and Standard and Standard and Standard and Standard and Standard and Standard and Standard				6,824,168	3,412,084					3,412,084
Healthy Families Administrative Reimbursement (County Only)										
7 County Healthy Families Direct Service Gross Rei	mbursement		14,848	370,692	385,540						
7A Contract Providers Healthy Families Direct Service				141,369	141,369						
7B Total Healthy Families Direct Service Gross Reim					526,909						
8 Healthy Families Administrative Reimbursement L	imit				52,691						
9 Healthy Families Administration					80,020						
10 Healthy Families Administrative Reimbursement					52,691				34,249		34,249
SD/MC Net Reimbursement for MAA											
11 Medi-Cal Admin. Activities Svc Functions 01 - 09	Medi-Cal Admin. Activities Svc Functions 01 - 09				383,914	191,957					191,957
12 Medi-Cal Admin. Activities Svc Functions 11 - 19,	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39				228,525	114,263					114,263
13 Medi-Cal Admin. Activities Svc Functions 21 - 29	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)				358,579					268,934	268,934
14 Utilization Review-Skilled Prof. Med. Personnel (C	ounty Only)				716,842					537,632	537,632
15 Other SD/MC Utilization Review (County Only)					207,631	103,816					103,816
46	07/01/03 - 09/30/03		1.475.001	7 122 667	8,598,559		4 (72 217				4,673,317
	10/01/03 - 09/30/04		1,475,991	7,122,567	22,547,063		4,673,317	11,938,670			11.938.670
47	07/01/03 - 09/30/03		2,688,360	38,319	38,319			11,938,070	24,907		24.907
	10/01/03 - 06/30/04			199,612	199,612				129,747		129,747
18 Enhanced SD/MC Net Reimb. (Refugees)	10/01/00 - 00/30/04		-	14.165	14,165				14,165		14,165
	<u> </u>			17,103	14,103				17,103		<u>aanu</u> ddadaaa
19 Total SD/MC Reimbursement Before Excess FFP											21,409,492
20 Amount Negotiated Rates Exceed Costs - SD/MC 21 Total SD/MC Reimbursement (FFP)	& Enh. SD/MC										
											21,409,492
2 Contract Limitation Adjustment											
23 Adjusted Total SD/MC Reimbursement (FFP)	rannonna antononno				<u> </u>						21,409,492
24 Hardeby Familian Net Daimby	07/01/03 - 09/30/03		9,607	68,961	78,569				51,070		51,070
24A	10/01/03 - 06/30/04		5,240	301,731	306,971				199,531		199,531
25 Total Healthy Families Reimbursement Before Ex											284,850
26 Amount Negotiated Rates Exceed Costs - Healthy	/ Families										
27 Total Healthy Families Reimbursement											284,850

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2003 - 2004 HOSPITAL ADMINISTRATIVE DAYS MH 1991 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

COUNTY NAME: SAN BERNARDING		LECAL ENTITY		NAME: SAN BERNARDINO COUNTY D.B.H.							
COUNTY CODE: 36		LEGAL ENTITY		NUMBER: 00036							
Α	В	С	D	Е	F	G	Н				
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT			
		\$236.38	07/01/03 - 07/31/03	106	\$ 25,056			\$25,056			
SD/MC		\$236.82	08/01/03 - 09/30/03	209	\$ 49,495			\$49,495			
		\$236.82	10/01/03 - 12/31/03	319	\$ 75,546			\$75, <u>54</u> 6			
		\$236.82	01/01/04 - 06/30/04	449				\$106,332			
		7	A CONTRACTOR OF THE CONTRACTOR	*10			Sub Total:	\$ 256,429			
	<u> </u>	\$236.38	07/01/03 - 07/31/03								
Children EMC	<u> </u>	\$236.82	08/01/03 - 09/30/03			ļ					
	<u> </u>	\$236.82	10/01/03 - 12/31/03	-		 _					
		\$236.82	01/01/04 - 06/30/04	A A A A A A A A A A A A A A A A A A A			Sub Total:				
		\$236.38	07/01/03 - 07/31/03								
		\$236.82	08/01/03 - 09/30/03								
Refugees EMC		\$236.82	10/01/03 - 12/31/03								
		\$236.82	01/01/04 - 06/30/04								
		9250.02		1		4	Sub Total:				
		\$236.38	07/01/03 - 07/31/03								
Healthy Familles		\$236.82	08/01/03 - 09/30/03								
realtry ramines		\$236.82	10/01/03 - 12/31/03								
		\$236.82	01/01/04 - 06/30/04								
					The second second		Sub Total:	Tlek out			
			GRA	ND TOTAL	\$ 256,429			\$256,429			